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DETROIT MEDICAL JOURNAL

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DIAGNOSIS AND PROGNOSIS BY THE GENERAL PRACTITIONER IN SOME PATHOLOGIC CONDITIONS FOUND IN THE ABDOMEN AND PELVIS;
Wm. F. Metcalf, M. D.; - - 289

SYSTEMIC OCULAR DISEASE WITH RELATION TO REFRACTIVE ERRORS;
Edward Whitfield Tolley, M. D.; - - 293

RESULTS OF SANATORIUM TREATMENT FOR TUBERCULOSIS;
J. B. Whinery, M. D.; - - - 295

COUNTY SANATORIA FOR TUBERCULOSIS AND OTHER CHRONIC PULMONARY AFFECTIONS;
E. R. Shurley, M. D.; - - - 298

SOME UNUSUAL CASES OF EMPYEMA;
Wm. M. Donald, M. D.; - - - 300

EDITORIAL; - - - - 304

EDITORIAL NOTES; - - - - - 308

NEW INSTRUMENTS AND DEVICES; - - 310

PROGRESS OF MEDICAL SCIENCE; - - 314

BOOK REVIEWS; - - - - 319

PUBLISHER'S DEPARTMENT - - - XX

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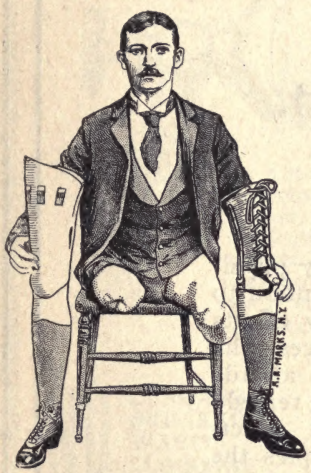

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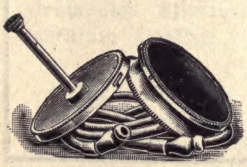

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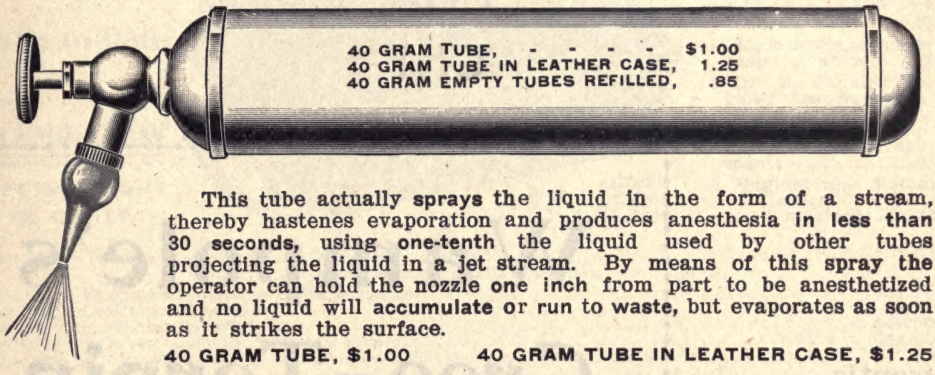

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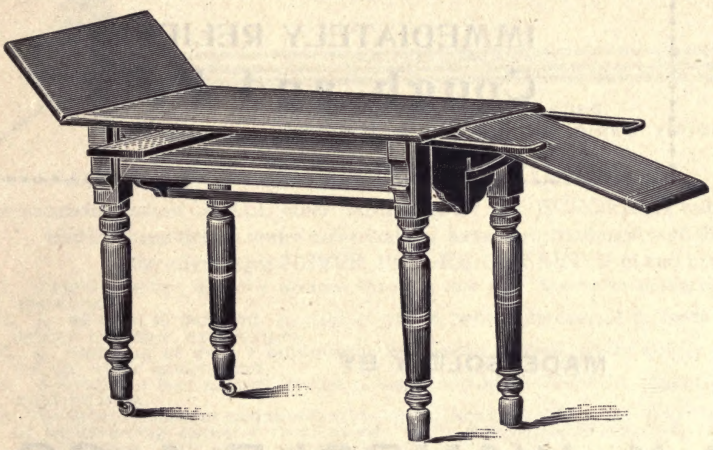

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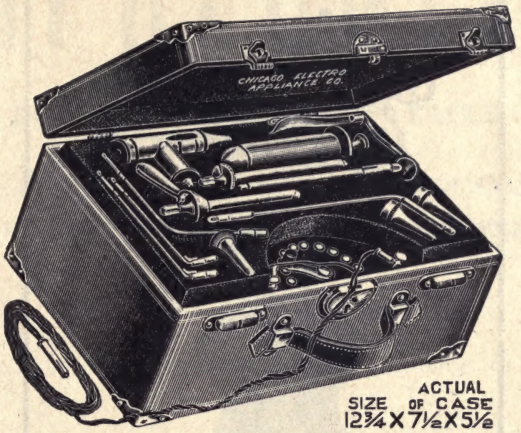

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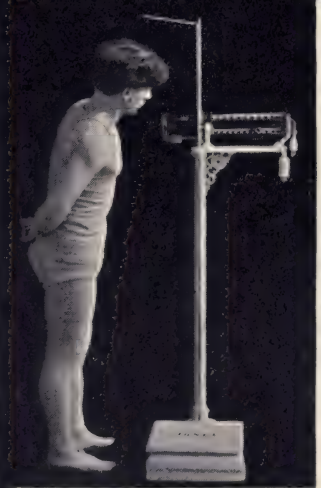

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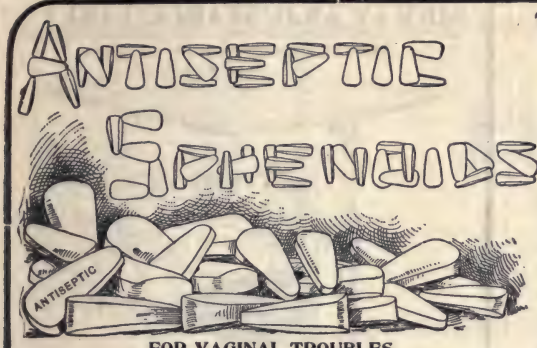

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Allison, W. D. Co..... VIII
Antikamnia Chemical Co..... XVI
Antiphlogistine (Denver Chem. Mfg. Co.) IX
Avena-Pharmacal Co..... XXI
Bausch & Lomb..... XX
Becton, Dickinson & Co..... XXV
Biogen Co., The..... XXVI
Bovinine Co..... Inside Front Cover
Bristol-Myers Co..... XII
Castle, Wilmot & Co..... III
Chesterman & Streeter..... XII
Chicago Electro Appliance Co..... VII
Chloride of Silver Dry Cell Bat'ry Co XVIII
Clark & Roberts..... XXVI
Cleveland Leather Goods Co..... XXVI
Codman & Shurtleff..... XXII
Columbus Aseptic Furniture Co..... XIX
Crittenton, Charles N. Co..... XVI
Davidson Rubber Co..... II
Fellows, Mr..... XXXII
Fries Bros..... XXXI
Gebauer Chemical Co..... V
Globe Mfg. Co..... XXII
Goodrich, The B. F. Co..... XVIII
Grosvenor, The J. M. Co..... XXIX
Hartz, The J. F. Co..... V, XVI
Hastings & McIntosh Truss Co..... XVIII
Hussey, E. J. & Co..... XXVI
Jones of Binghamton..... X
Journal Mich. State Med. Soc..... XXIV
Kny-Scheerer Co..... XXI
Kutnow Bros., Limited..... XIII
Kress & Owen..... I
Lambert Pharmacal Co..... Back Cover
Lee, J. Elwood Co..... X
Liquid-Air Oxygen..... XVI
Marks, A. A..... III
Marvel Co..... XXII
Massage Battery Co..... XXII
McCoy, Howe Co..... XI
Merrell, The Wm. S. Chem. Co..... Inside Back Cover
Ohio Truss Co..... XXI
Edward Pennock..... XXVI
Pilling, Geo. P. & Son..... III
Pinaedol Co..... XII
Polk, R. L. & Co..... XXXI
Rochester Surg. Appliance Co..... XX
Scheidel, W. & Co..... XIV
Sidway Mercantile Co..... XII
Shaw-Walker Co..... XXIV
C. R. Silkman..... XXXI
Smith, M. H. & Co..... IV
Spencer Lens Co..... XX
Stearns, Frederick & Co..... XVII
Swett & Lewis..... XXV
Tagliabue, Charles J..... XXIX
Upjohn Co..... XV
Van Houten & Ten Broeck Co..... XXVIII
Victor Electric Co..... XXVII
Henry K. Wampole & Co..... VI
Woman's Hosp'l of the State of Mo..XXXII

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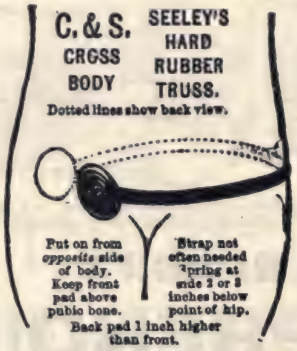
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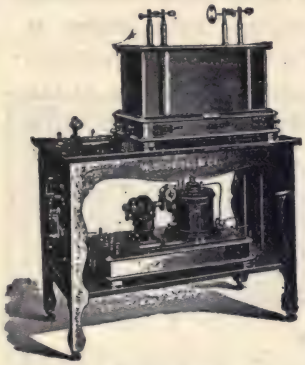

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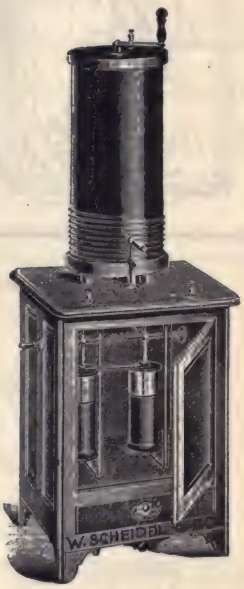

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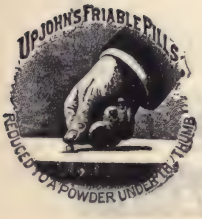

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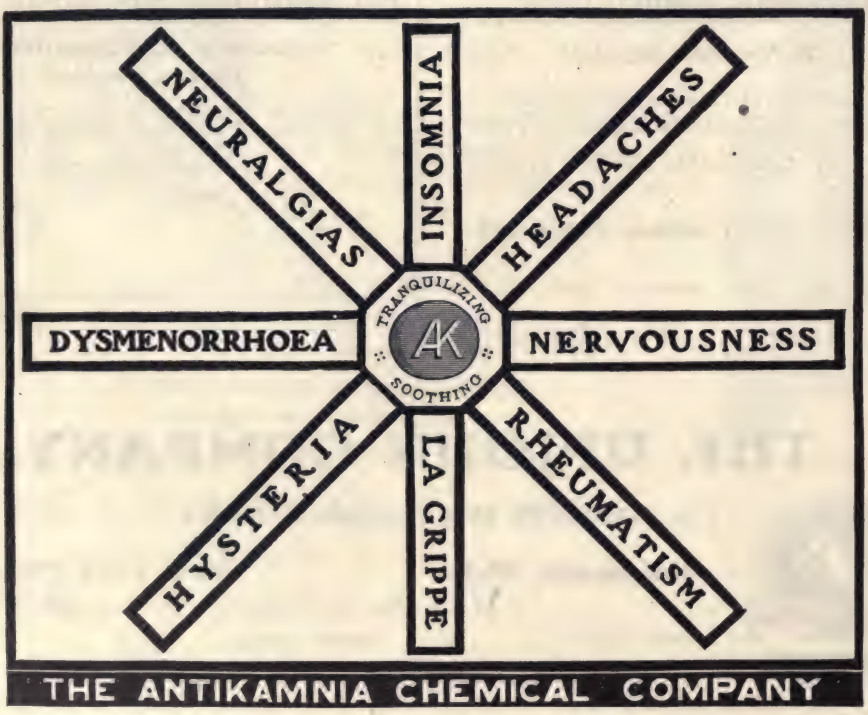

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DIAGNOSIS AND PROGNOSIS BY THE GENERAL PRACTITIONER IN SOME PATHOLOGIC CONDITIONS FOUND IN THE ABDOMEN AND PELVIS.*

By WM. F. METCALF, M. D.,
Detroit, Mich.

The extension of means of rapid communication by telegraph and telephone, and a rapid transportation by steam and electric roads, has given freedom to the country practitioner of medicine to avail himself of all the newer aids to diagnosis which his city brother commands. It also permits him to get, with but few hours' delay, any one from the city whom he may have reason to consider especially skilled in the treatment of the particular malady which confronts him at the moment.

He cannot now rest his conscience with the thought that he did the best he could with the facilities at hand, because the majority of chronic and many acute surgical affections can be safely transported to some not far distant hospital. It is essential then, if he is to do the best for the people whom he treats, to familiarize himself with all the newer methods of diagnosis and the results of treatment.

The physician has no way of establishing a reputation for wisdom equal to that which he acquires from the making of accurate prognosis.

The commercial houses have made the practice of medicine easy for the lazy doctor by putting drugs in tablet form and marking upon the container how many to give to cure each and every disease. The doctor then becomes simply a drummer for the manufacturer. His need for being able to make correct diagnoses and prognoses remains however. No one can be happy in the practice of medicine without making effort to develop.

The degree of his happiness and satisfaction will be in direct proportion to his effort along these lines. The practice of medicine cannot be made a business. It is a liberal profession. If any particular doctor is too busy to use laboratory methods, his income is such that he will be able to employ an assistant—some energetic, well qualified recent graduate who will carry out the detail of the work and search the recent literature for new ideas and get them in such shape that the older, experienced clinician, with whom he has associated himself, may appropriate them. Material rewards beyond the necessities for doing the best work will soon appear as of no consequence in comparison with the satisfaction of guarding in the best way the interests of those who trust you. Histories should be taken and filed for reference. The symptoms should be carefully recorded in relation to the history; to this will be added the laboratory findings of the assistant; observations of the effects of a changed hygiene, of rest, and of medication, will be noted. If the patient dies, autopsy should be urged, and macroscopic and microscopic observations

*Read before the Monroe County Medical Society, July, 1904.
Detroit, Mich., January 15, 1905.

made. If, on the other hand, the patient be taken to the specialist for operation, the attending physician should be present to note the appearance of the organs of which he has previously formed a mental picture. Time may not permit a careful study of all cases, but the accurate study of a few will be helpful in relation to all. Your guessing will become less and less as the years go by.

Unless necessity demands, the general practitioner should not attempt special surgery; he cannot get the best results; the best interests of the patient will not be conserved and as a result the reputation of the physician will suffer, the interests of both being identical. He should, however, endeavor to make an accurate diagnosis and will be expected by the friends to give a prognosis.

For this reason he should make effort to know the character of the work done by different specialists. Not all of those who claim special aptitude possess it. Observation will show that some who talk aseptic principles do not observe them. Specialists will also show different grades of workmanship. It is a question of high art, the products of every one will differ in actual value from those of every other one, and in relation to so sacred an object as the conservation of life and the restoration of health it behooves the medical adviser to know He assumes a great responsibility in recommending an operator and should be paid for this knowledge by the patient, who reaps the benefit. In making the selection he should be guided by the answer to the question: "To whom would you refer your wife or mother or sister under similar conditions."

When women consult you and tell you of achings in the top and back of the head, of backache, of discomfort in the lower abdomen, cold hands and feet, nausea, insomnia, irritable bladder and exhaustion, you may afford them some relief by urging rest, the free drinking of large quantities of pure water and the prescribing of such drugs as favor elimination and lessen auto-intoxication; but your diagnosis is uncertain, and your prognosis is of no value unless careful examination be made. If lesions be found demanding surgical interference, you can guard your reputation by advising such. Even if the patient does not receive benefit from your medical treatment, she can not blame you for ignorance of her condition.

If in cases past thirty years of age that flow irregularly in time and quantity, you insist upon local examination, you will occasionally be the means of preventing a horrible death by cancer.

Where the flow is profuse, following miscarriage or labor, and recurs or continues regardless of curettage, chorioephithelioma malignum should be suspected.

When a patient gives you a previous history of pelvic disorder and has missed one or two periods, or after missing one period, flows irregularly in small quantity every day or two and complains of morning nausea or sensitive breasts, you should examine for ectopic pregnancy. If with the above history, severe colicky pains come on, accompanied, it may be, by symptoms of collapse, and examination discloses marked rigidity of abdominal muscles, whether you can feel the tumor or not, you should make a diagnosis of ectopic pregnancy and give a guarded prognosis unless laparotomy is promptly performed. Such cases usually give a history of preceeding sterility for several years.

When a patient suffers from long continued indigestion with flatulence, press in deeply below the gall bladder and at the same time instruct the patient to inhale deeply. The gall-bladder will be pressed against the finger tips, when if

stones or inflammation be present the patient will complain of tenderness. Do not promise in such cases to cure the stomach trouble. Gall-bladder drainage may be required. The same stomach symptoms may be caused by movable kidney. Either kidney when movable is easily palpated. Press in deeply beneath the ribs in the lumbar region with one hand and with the other beneath the ribs in front, while the organ is forced downward by deep inspiration. I believe, in many cases, a movement of two or three inches might not be considered pathological. In many I have found the right kidney moving downward to the pelvic brim and yet apparently causing no trouble. If, however, the patient cannot sleep on the left side because of dragging in the right renal region and the indigestion and flatulence are increased by exercise and relieved by rest in the dorsal position, you had better not promise to cure the stomach without fixation of the kidney. Where there is a general gastro-enteroptosis, a carefully selected abdominal supporter will permit a more favorable prognosis, as will also a willingness on the part of the patient to take exercises and massage to strengthen the relaxed muscles.

In cases of frequency of urination when pus is not present in the urine, examination should be made for a rectal fissure or ulcer, displacements of the uterus, intra-pelvic adhesions or central nerve lesions. You can not promise that benefit will follow bladder irrigations in such cases.

Sore nipples following confinement may be a symptom of mild intra-uterine sepsis and their cure hastened by intra-uterine antiseptic douches.

Do not give a favorable prognosis in marginal eczema of the nose without examination of the pelvic organs and rectum. I have seen this condition, caused by pelvic lesions, resist all treatment until the pelvic trouble was corrected. The same is true of chronic spasm of various facial muscles.

The presence of internal hemorrhoids cannot be determined by digital examination. Ocular inspection is essential.

The discovery of the cause of various reflex neuralgias that are persistent demands an examination of the entire body.

Marked tension of muscle over the appendix vermiformis, accompanied by nausea, if inflammatory affections of the gall-bladder and pelvis are excluded, indicates appendicitis, and if the best facilities are at hand operation should be done without waiting for other symptoms. Here we have as good conditions for recovery as in the interval operation which all surgeons recommend and no one can foretell the outcome of the present commencing attack if left to itself. Of course, I would not advise operation in such condition unless an experienced operator were at hand, and aseptic conditions attainable. If the attack advances to general peritonitis, irrigation of the stomach, the withdrawal of all food by mouth and the substitution of rectal feeding, together with absolute rest upon the back, will render the prognosis more favorable.

If a patient should complain of a boring, lancinating or colicky pain to the left of the xiphoid cartilage or in the left hypochondrium, which is increased immediately by eating or which comes on two hours after a meal; if this pain always recurs in the same spot and is accompanied by tenderness to light pressure over an area as large as the palm of the hand, and there is found a dorsal point of tenderness to the left of the tenth or twelfth dorsal vertebra, you may be quite positive in a diagnosis of gastric ulcer. At any rate it is a case for laboratory observation. Vomiting may or may not be present. Hemorrhage is usually a positive sign. If in a patient who had previously given

these symptoms there come on sharp lancinating pains in the upper abdomen, intense suffering with symptoms of shock, rapid pulse, hurried respiration and anxious expression, rigidity and retraction of abdominal muscles, perforation of the stomach or duodenum has occurred and the prognosis will depend upon whether laparotomy can be done before general peritonitis develops. Keen's operative mortality in such cases is given as 17 per cent.

Acute local pain in the region of the gall-bladder or appendix lasting for several hours, then suddenly subsiding, and followed by symptoms of general peritonitis, gives a better prognosis if not operated upon until the symptoms of the general peritonitis subside.

In a certain number of these cases the general inflammation will not subside, but on the other hand the drainage of a small amount of pus from part of the cavity when the whole peritoneum is infected could not be expected to save the patient.

If you are called to a case that has been suddenly seized with colicky, abdominal pain referred to the region of the umbilicus and there is no special tenderness and no elevation of temperature, suspect intestinal obstruction. About 68 per cent. of these cases will give a history of having had a previous attack of peritonitis. If you find the vomitus, which at first consists of simply the ingested food, gradually changing to a greenish yellow, then becoming chocolate-color, you may be quite positive of your diagnosis. If later, it may be the third or fourth day, a fecal odor is detected, you are then absolutely positive. You may be also as positive of your prognosis if relief is not afforded by operation. In all incomplete obstruction the pain is paroxysmal. If you find a child with severe intermittent pain in the abdomen, accompanied by diarrhœa, examine repeatedly for tumor, especially if there be blood and mucus in the stools, as you likely have a case of intussusception. The tumor is more commonly found in the ileocæcal region. The prognosis is bad either with or without operation. Operation should, however, be resorted to as soon as possible. The case may assume a chronic form, however, because of the invaginated portion becoming adherent to its sheath and the canal remaining permeable, but resection will be essential to a cure.

A dull, heavy, aching in the lumbar region, increased by exercise and relieved by rest, the pain being at times reflected down the ileo-inguinal or genito-crural nerves and accompanied by bladder irritability, or a severe paroxysmal pain with nausea, vomiting, feeble pulse, accompanied by a frequent desire to urinate, and by retraction of the testicle is indicative of renal calculus. The X-ray may confirm the diagnosis.

If we see a case presenting the symptoms of intestinal obstruction with a temperature above 100, examine for tension of muscle over the gall-bladder as it is very likely to be one of cholecystitis.

If you have a case of dyspepsia that does not yield to treatment and that is losing weight, that complains of heaviness in the hepatic region, the skin becoming more and more sallow, and the expression gloomy, examine for enlargement of the liver and with the stethoscope for arterial murmur over the liver, also for irregularities along its border. If these signs are positive you may give a bad prognosis to the friends, as you likely have a case of cancer of the liver. There may or may not be jaundice. If the cancer be primary in the gall-bladder or in the cystic duct, there will be no jaundice until it invades the hepatic and the common ducts. It then progressively deepens. Painless jaundice may signify malignant obstruction of the bile-ducts in cases in which there is vomiting, thirst, and alternate constipation and diarrhœa.

The later development of palpable tumor, ascites, œdema, clay-colored stools, and hemorrhages from the mucous membranes confirm the diagnosis.

If a man comes in, giving a history of long continued indigestion, his discomfort being greatest two or three hours after meals, examination showing dilation of stomach, absence of hydrochloric acid and presence of lactic acid, your prognosis to the friends should be guarded.

An unfavorable prognosis should be rarely given the patient. When hope is taken away the average human being is a miserable creature, and we should not forget that if the patient's case is hopeless, it is usually his family rather than himself that should bear the burden of such knowledge, and that it is they who will pass ultimate judgment upon your prognosis.

In conclusion I will say that I have in no wise aimed to cover the field of prognosis, much less of diagnosis. What I wish to leave with you is the feeling that the judgment upon these features of your case will often be yours to pass, and that a thorough acquaintance with the aims and limitations of surgical treatment, together with a knowledge of the possibilities of laboratory determination, will often enable your prognosis to be more certain and sometimes more favorable.

636 Woodward Avenue.

OCULAR SYSTEMIC DISEASES WITH RELATION TO REFRACTIVE ERRORS

By EDWARD WHITFIELD TOLLEY, M. D.,
Grand Rapids, Mich.

While we have so many and such variety of remarkably learned, scientifically faultless (?) articles written for the different medical publications or read before the many medical societies, it may not be unreasonable to suppose that a short practicle article upon a much overlooked and much abused subject would find not a few appreciative readers.

It is certainly of great importance to science generally, the medical and surgical profession particularly: that, ingested in sufficient quantities, "Jamaica ginger," "Lemon extract," "Columbian spirits," and an endless number of like products wherein Methyl Alcohol (wood alcohol) is employed in the manufacture, causes death and an appalling list of cases of partial and total blindness: that fatal poisoning has occurred from the absorption of liquid shoe blacking (nitro benzol), the feet acting as modes of ingress-absorption taking place through the leather while shoes are worn—: that osmic acid injections are said to furnish relief in trifacial neuralgia, etc., etc. Yet in the all consuming thirst for exceptional knowledge, many of us are prone to overlook the "little things," the practical knowledge of which is in the vast majority of instances of more real value in our daily practice than the doubtful cure of an ailment of which there may possibly be found less than a dozen cases in the entire medical literature covering a decade.

This article lays claim to nothing original, nothing new—a mere suggestive outline. Simply desiring to place before the busy practitioner a few proven truths the majority have temporarily forgotten, or overlooked.

It is quite generally known that the proper correction of certain refractive errors by the use of glasses will absolutely cure many forms of headache, eyeache, certain forms of conjunctivitis, styes, granulated lids, certain forms of lachry-

mal disease, most all forms of strabismus, and the amblyopias resultant from neglected squint—prognosis being particularly favorable in the young—burning, smarting, itching eyes or lids, twitching of lids, and many other concomitant troubles too numerous and quite unnecessary to mention.

It is not so generally known, however, but just as absolutely proven that by a simple equalization of the nerve stimuli of the entire body, that many cases of epileptiform seizures, chorea, the convulsive tics, menstrual disorders, brain diseases, neurasthenia, hysteria, psychoses, gastric disorders, and other ocular systemic diseases, have been permanently cured so long as the mechanical equalizer —proper lenses ground to correct some simple or compound error of refraction— is held in place.

The different malpositions of uterus, are known to be, in a large per cent. of cases, the result of relaxed uterine supports caused in the beginning by a a lack of, or a deranged nervous stimuli to those parts. Now, if a certain degree of refractive error will cause such abnormal condition as headache, nausea, one or both eyes to turn in or out as the case may be, epileptiform seizures, etc., it is easy to believe that from the same cause much harm can accrue in other organs in other parts of the body—I will add here, that it is my belief, based upon a number of such cases successfully treated (menstrual disorders), in addition to the extensive literature upon this subject, that there can be no case of dysmenorrhœa, the same being in any degree, resultant upon some error of refraction, permanently cured without first correcting this error.

According to Dr. Geo. M. Gould, "Biographic Clinics" (in which belief I heartily concur), scoliosis is another disease that can be the result of refractive error, in this instance, irregular astigmatism. He gives the following example: "15° in dominant eye, 180° in non-dominant eye—This would cause involuntary tilting of head to one side, elevation of one shoulder, and resultant spinal curvature if condition was allowed to exist a sufficient length of time with favoring environment."

Many, doubtless are familiar with the startling figures produced by the Craig Colony where the per cent. of epileptics cured by glasses is shown to be one in 57, whereas by the employment of all other known methods the per cent. is one in 80.

The mere fact of a hyperope, every second his eyes are open, needing more than a normal nerve stimulus to the eyes to permit of his attaining (forcing) apparent normal vision is proof that a derangement of the normal functions of other, even remote, organs needing their normal nerve stimulus is very liable to occur.

This, of course, would not be true if the abnormal conditions lasted but a comparative short time.

The liver, as we know, acts as a storehouse for sugar (glycogen) to be given out as the different metabolic processes of the body demand. The brain, just as truly, acts in the capacity of a storehouse or reservoir, for a surplus nerve supply or stimuli, this residual stock being doled out, cautiously and sparingly, sufficient only to keep an approximately even balance throughout the body. It is easy then to appreciate the why and wherefore of the trouble.

First: the error of refraction causing a derangement of the normal nerve balance.

Second: (the inevitable result) the gradual demand and constant drain upon the reserve, of nerve stimuli or energy to keep apparent normal vision, the reservoir, as it were, is sooner or later depleted, then trouble is evidenced elsewhere. The exact site or location de-

pending largely upon hereditary or acquired weakness in certain organs or functions of organs.

It seems hardly necessary to mention that all cases of epileptiform seizures, of dysmenorrhœa, or of any of the different diseases herein mentioned cannot be cured or even benefitted by glasses. Yet such is true in a far greater per cent. of cases than the profession at large imagine.

The appended case of dysmenorrhœa is but one instance of a number of like cures in my case books.

The epileptic case is the only one of my own at present, but I have intimate knowledge of similar cures.

Miss H., age 17. Domestic. Very severe characteristic pains at menstrual periods, almost invariably accompanied by a greater or less number of fainting spells. Ocassionally spasmodic seizures. Exam. of eyes disclosed: O2 + 2.50. Simple hyperopia. Gave full correction for constant wear. Eighteen months later and patient has had virtually no pain at these periods. No medicine given.

This case was referred to me by physician after he had failed to effect any lasting relief from six months' treatment.

Boy, age 12, could not attend school on account of 1 to 3 epileptic fits every day for past 5 or 6 years. No assignable cause. Had treated with several physicians in home town of 25,000 population. No permanent relief. Yet it took an outsider, one who had "heard of such a case," to suggest taking patient to oculist for eye examination. Under complete cycloplegia there was found, O2 + 1.25 + .75. Ax. 90.—The comparatively small error is worthy of particular note.—Ordered full correction for constant wear. Wore glasses as directed and was entirely free from seizures for 5 days, a longer period than he had ever gone before. On sixth day he was brought in by a disappointed father stating that boy had "thrown the worst fit of his life" on that day. Upon close questioning the boy admitted to leaving off glasses about a half day while playing at football. Further instructions. After nearly a year his parents inform me that the boy has had no recurrence. He has also gone of late without glasses for full day with no apparent untoward result. This, of course, he is warned against doing. No medicine given.

145 Monroe Street.

RESULTS OF SANATORIUM TREATMENT FOR TUBERCULOSIS.*

By J. B. WHINERY, M. D.,
Grand Rapids, Mich.

It may seem superfluous to call the attention of a body of medical men to this topic since the medical profession already recognizes the great value of sanatorium treatment of tuberculosis, but as an effort will be made this winter to get the Legislature to appropriate a sum of money for the establishment of a State sanatorium, I thought it not inappropriate to emphasize the results obtained in sanatoria in general.

*Read before the Kent County Medical Society, October 26, 1904.

The idea of a sanatorium for the treatment of tuberculosis is not a recent one. As early as 1859 Brehmer established one at Görbersdorf, in Silicia and even earlier than this Dr. George Bodington, of Warwickshire, England, used this same plan of treatment. Any one who is willing to take time to look over the statistics obtained from many years of actual results will, I am sure, be convinced of the great value of this form of treatment.

In this country the Adirondack Cottage

Sanatorium, opened in 1885, is looked upon as the pioneer institution of its kind and Dr. Trudeau certainly deserves great praise for his unselfish and zealous work by which he has blazed the way and made it possible for others with similar ideals to carry on the fight against the White Plague.

The medical report of this Institution for the year ending Nov. 2, 1901, in brief, is as follows:

Number of patients treated during the year, 263.

Number of patients at Sanatorium Nov. 2, 1901, 90.

Number of patients to be reported on for past year, 173.

Of these there were:

Discharged apparently cured, 45.

Discharged with disease arrested, 79.

Discharged improved, 39.

Discharged unimproved or failed, 5.

Doubtful, 4.

Died, 1.

The results obtained at the Loomis Sanatorium, situated at Liberty, N. Y., will be of special interest to many in this state, since Dr. H. M. King, a former citizen of Michigan and a resident of Grand Rapids, is physician-in-chief of this institution. The seventh annual report was issued October 31, 1903. The number of patients reported on at the sanatorium proper for the year was 119. This number represented all stages of the disease. Of these 19 per cent. were apparently cured and in over 20 per cent. the disease was arrested, about 40 per cent. were discharged in a condition to take up their former vocations so long as such work would not render them particularly liable to a return of the disease.

The results in early cases with mild symptoms were as follows:

Apparently cured, 66.66 per cent.

Activity arrested, 20.84 per cent.

Improved, 12.50 per cent.

Unimproved, none.

Deaths, none.

These results show the need of early diagnosis and the application of sanatorium methods of treatment before the disease has reached the advanced stage.

Of early cases the average length of time spent in the institution was as follows:

Apparently cured, average length of stay 19.28 weeks—Maximum 48 weeks—Minimum 4 weeks; Activity arrested, average length of stay 19 weeks—Maximum 41 weeks—Minimum 4 weeks.

The popularity of these institutions is evidenced by the fact that they are always full and usually have a long waiting list of patients to be admitted as soon as vacancies occur.

Massachusetts took the initiative as regards State institutions. In 1895 $150,000 was appropriated for a sanatorium and an additional $50,000 was added before the buildings were occupied. In less than two years so great was the demand for more room that $110,000 more was granted by the Legislature without any opposition. This sanatorium still remains a model of its kind and the results give about 75 per cent. of cures among incipient cases.

The State of New York has a well equipped hospital wkith accommodations for 120 patients. The cost to the state was $200,000.

The Governor of Maryland has recently appointed a commission under the authority of an act of the Legislature to consider the cost, equipment, maintenance and site of a State sanatorium.

The Legislature of Ohio has recently passed an act creating a commission with authority to purchase a site and erect the necessary buildings for a State sanatorium for the treatment of incipient tuberculosis.

The State of New Jersey appropriated $200,000 for a sanatorium and the State

board of managers is to decide as to the best use of the appropriation.

Maine has a State sanatorium Association.

Rhode Island has a State sanatorium in the northwestern part of the state which is intended to accommodate 100 patients when completed.

New Hampshire has asked for an appropriation for a State sanatorium.

At the last meeting of the Indiana State Medical Society resolutions were adopted favoring a State sanatorium and a committee was appointed to present the matter to the Governor and the Legislature.

Minnesota has made an appropriation sufficient to form a nucleus of a State sanatorium.

Wisconsin is awaiting the report of a Tubersulosis Commission bearing upon this question before making an appropriation.

It is stated that while one-seventh of all men die of tuberculosis, one-third of all those die during working period of life die from this disease.

Aside from the benefits derived by patients under treatment at a sanatorium are the more far-reaching educational features. Those who have been under the strict régime of such institutions and who go to their respective homes with the disease cured or arrested become teachers in their communities as to how to prevent having tuberculosis. They learn the proper use of rest, food, fresh air and sunshine, how necessary it is to destroy the sputa and how dangerous is the promiscuous expectoration of germ-laden mucus and pus from one who has consumption.

Dr. Knopf states that sanatoria serve not only as educators of individuals, but as educators of communities as well. In the villages in which the two largest German sanatoria are situated, Görbersdorf and Falkenstein, the mortality from tuberculosis has actually decreased among the village people, now being one-third less than before the establishment of these institutions. This no doubt is due to the example set by the inmates of the sanatoria and it is also the best proof that well conducted sanatoria for consumptives are not centers of infection, but on the contrary, places where one is safest from contagion.

While this disease attacks both rich and poor, it is the poor man and the poor man's family who have to suffer the most. He is usually required to continue with his work until lack of strength and general debility compel him to quit. By this time the disease has so far advanced as to offer no hope of betterment under any plan of treatment and he is left to the care of an impoverished family, a burden and a source of contagion until he dies.

Germany takes the lead in this method of treating tuberculosis. More than a hundred sanatoria are in operation at the present time. It is stated that 30,000 patients were treated in 1901.

One German insurance company gives the following statistics:

Of the tuberculous patients treated in 1895—57 per cent. were workers in 1900.

Of the tuberculous patients treated in 1896—70 per cent. were workers in 1900.

Of those treated in 1897—70 per cent. were workers in 1900.

Of those treated in 1898—56 per cent. were workers in 1900.

Of 8,942 patients treated in 1900 by insurance companies whose histories were obtainable, 72 per cent. were discharged as cured and at the end of a year 67 per cent. were still in good health.

Should one be skeptical as to the results obtained in these institutions, let him visit them and inquire of those who have taken "the cure."

Instead of the pale, emaciated individual so commonly seen one meets well-nourished, brown-faced, happy disposi-

tioned men and women with a determination and firm belief that they are going to get well. All of this is backed by a gain in weight, return of appetite, absence of cough and expectoration and loss of night sweats.

I might write in length of the good results obtained, but, as the argument is wholly one-sided and overwhelmingly in favor of the Sanatorium method for the treatment of Consumption I do not care to take more of your time.

With such results made apparent to the people of Michigan let us hope that speedy action will be taken by the coming Session of the Legislature and that sufficient appropriation be made to carry on this great work.

This State is recognized as foremost in the collaboration of Vital Statistics and surely we should not be backward in establishing an institution which has for its object the amelioration and cure of a disease which affects so large a percentage of our population.

Wonderly Bldg.

COUNTY SANATORIA FOR PULMONARY TUBERCULOSIS AND OTHER CHRONIC PULMONARY AFFECTIONS.*

By E. L. SHURLY, M. D.,
Detroit, Mich.

It has come to pass that a person suffering with almost any chronic laryngeal or pulmonary affection—excepting, perhaps, simple thoracic empyema—is too unwelcome a guest to be admitted in any of the general hospitals in this state. Indeed, they are absolutely excluded from some of them. With a view to meeting this growing limitation of hospital facilities, the Wayne County Board of Poor Commissioners caused to be erected at Eloise (the site of the County Buildings) two large tent wards—twenty by forty feet in size—for the reception of this class of poor patients. These tents were completed about October, 1903.

They consist of canvas roof, (with a fly) and sides, all stretched over a wooden balloon frame-work, and wainscoted inside all round (sides and ends) with matched pine flooring to a height of six feet. The wainscoting is put on in independent sections—so that it may be easily removed during the summer season. The floor is made also of pine matched flooring, under which lies a bedding of cinders eight to twelve inches in thickness, through which run the steam heating pipes. Each tent is provided with two doors, one opening into a passage way to an adjacent brick building containing the lavatory, etc., and one opening directly outside. There are also two windows at each end. Besides the steam pipes running just beneath the floor, there are two large steam radiators in each tent.

One of these tent buildings is for the reception of males and the other for females. There are also two wards—one for females and one for males—in the adjacent brick building, where "advanced cases" of pulmonary phthisis are cared for. One skilled nurse takes charge of this whole department. She is assisted by orderlies from the main hospital, and by the patients themselves. The temperature at the floor, and at seven feet above the floor, is nearly the same, and in cold weather varies between 58 and 65 degrees F. During the year from October, 1903, to October, 1904, 84 patients were received and treated therein. Of these, 15 died—7 within a month after admission; 18 remained a month only;

*Written for the Detroit Medical Journal.

9 remained between one and two months; 6 remained between three and four months; and the balance for a period of between four and eight months.

All sorts and degrees of pulmonary phthisis were received, but only *the good prospect cases* were kept in the tents. The large majority of the patients were adults —25 were females, and 59 were males. The results for the year, as nearly as can be ascertained, were that of the whole number (84) 29 were relieved, and 26 were very much improved; making 55 who received decided benefit, a majority of whom were able to return to some avocation.

Among all of these patients there was little complaint of the low temperature experienced during the severe weather. Indeed, after getting accustomed to it, they felt incomfortable in the ordinary house temperature. One patient only "took cold," so to speak, during the winter. At any time that a patient felt very cold, either during the day or evening, such patient was directed to go to bed immediately. The beds are at all times furnished with an abundance of clothing.

Inasmuch as popular prejudice has made it well-nigh impossible to secure admittance and treatment for this class of poor patients in general hospitals, this *county plan* of providing and caring for them seems to be the most feasible one, because the expense of building such an institution is insignificant, while all the benefits—such as fresh air, nutritious food, and hygienic regulation, are as practically secured for the patient as if he were an inmate of a more expensive, elaborate, and æsthetically built and equipped sanatorium.

Therefore, such buildings can easily be erected and equipped by every *city* and *large town* in the state at (as said before) very small expense, thus offering to these poor unfortunates a ready opportunity to recover from the early stages of attack; and also furnishing an asylum (by erecting adjacently smaller auxiliary buildings or "shacks"), for the comfort and amelioration of those cases in the advanced stages of the disease. By this plan these patients are enabled to be near their families and friends, who can easily visit them from time to time, and thus preserve, in a way, family ties and attention. Moreover, this plan is directly in line with our general civic policy—viz., that every community should take care of its own poor!

In regions of the state which are sparsely populated, two or four counties might combine to put up the necessary tents and shacks at the juxtaposition of their respective corner border lines, thus making the original outlay and subsequent expense very small for each. These, I would name *County Corner Hospitals*. The slight disadvantage offered by these small plants over an elaborate, thoroughly equipped sanatorium, is more than offset by the smaller and more equitably distributed expense of this system, and the avoidance of removing the poor patient far away from his home and friends, while just as effectually, it relieves his family of the often unendurable burden of his care and support.

In every instance provision should be made for taking cases of all degrees of the disease, for it is obvious that giving sanatorium or hospital treatment to the so-called "incipient cases" only, constitutes but a partial execution of charity, and a cruel discrimination toward "the advanced cases" and their families. This seems not only shameful, but subversive of the best interests of the community in which they live. Moreover, such partial action does not solve the problem at all! It reaches a class of whom many may need hospital care *the least*,—leaving a large balance still a burden upon their families and friends. What would be thought of an army hospital which admitted slightly

wounded only, and left the severely wounded and sick, to shift for themselves outside? I hope the county and city authorities throughout the state will follow the good and practical example of our *Wayne County Board*, so that a suitable haven can be provided for every indigent case of phthisis pulmonalis.

32 Adams Avenue West.

SOME UNUSUAL CASES OF EMPYEMA.*

By WM. M. DONALD, M. D.,
Detroit, Mich.

I presume that all cases of empyema have some unusual features. A few, however, possess factors of unusual interest. The three cases that I report tonight seem to me to fall into the latter category.

The first case was that of a lad aged 6, who in 1898 came under my care suffering from a lobar pneumonia of the right side. The case ran the usual course of a severe pneumonia in children, ending with what would be denominated a slow crisis or rapid lysis. After the temperature had remained normal for about a week, and the patient was showing every evidence of progression towards health, I was summoned by the parents to find my convalescing boy again very ill.

Examining him carefully, I thought at first I had a case of recurring pneumonia, but a more careful examination a few days later permitted me to diagnose a pleurisy with effusion over the previously diseased lung. The case was treated, as ordinary pleuritic effusions are treated, for several weeks but the patient grew steadily worse. It was only after most earnest efforts on my part that I succeeded in gaining the consent of the parents to an aspiration. An incision or a resection of the rib could not even be dreamed of. By this time the whole pleural cavity was filled with some fluid and the whole side resembled a board. There was absolutely no motion in the affected side.

On account of the extreme nervousness of the parents and also of the child, I did not deem it wise to make an exploratory puncture with the hypodermic needle, but used at once the small aspiration needle and found that instead of an ordinary serous effusion, I had one consisting of very thick, creamy pus, which came only in drops from the needle. The use of the larger needle gave me very little better results, but I succeeded by this in aspirating some two and a half ounces of pus. I looked upon the operation as practically a failure and was at my wits' end to know what to do, inasmuch as the parents would not consent to any further operation. However, making the best of a bad job, I let the patient go with the withdrawal of this pus and trusted to good fortune and time to bring the parents to my way of thinking, namely, the necessity of free evacuation by incision. I watched the little fellow carefully and found in a few days that he was showing a marked improvement. The temperature grew less, the pulse gained in volume and strength while decreasing in frequency, and I thought I could detect some slight improvement in the side.

It is not necessary to go into further details of the case. Suffice it to say, that inside of two weeks the patient's temperature was normal, his pulse was approximating the normal rate, and the lung was showing decided evidence of expansion. The patient from this time went on to an

*Read before the Wayne County Medical Society, December 12, 1904.

uninterrupted recovery, and a year afterwards had a lung as fully expanded as the fellow on the opposite side.

I did not make a bacteriological examination of the pus, because I fully expected that I should later have to make an incision and then I would have ample opportunity of making this examination. Results, however, showed that we were unable afterwards to secure any further pus, and consequently I have no means of knowing just what the bacteriology of this case was, but judging from the history of the case, I should say that it was almost certainly a pneumococcus infection.

The interest of the case centers in the cure by withdrawal through aspiration of a small quantity of the pus. Some authors fail even to mention this as a possible cure of empyema, believing that a free drainage is necessary in all cases. Several writers, however, upon pediatrics refer to this as a possible cure, although they do not recommend it. I do not believe the general profession, as a rule, are familiar with the treatment of empyema, particularly in children, by this method. It is questionable if the empyema of adults is very much benefitted by aspiration alone, and yet a mild pneumococcus infection of the pleura might even in adults be cured in this way.

My second case was one that I saw in consultation with Dr. John Bennett, of the city, to whom I am indebted for the courtesy of these notes. The patient was a girl aged eight years, and in 1903 was attacked by lobar pneumonia of the right lung, very similarly to the previous patient. The case ran a similar course, the patient recovered from pneumonia, remained practically well for a few days, and then showed evidences of some reinfection.

A careful examination disclosed a few days afterwards the presence of a right-sided pleurisy. After a week or two, I saw the case in consultation with Dr. Bennett again, and we evacuated at the time about two or three ounces of pus. In this case, however, the withdrawal of the fluid gave a temporary relief only and a few days afterwards we opened the side in the seventh intercostal space, about the mid-axillary line, and evacuated probably eight or ten ounces of pus. After this, the temperature fell and the patient was relieved for a few days, but no drainage tube being used, the incision shortly afterwards closed and the patient grew rapidly worse once more.

About three weeks after the incision was made, I saw the patient again in consultation with Dr. Bennett, and we then found that we had to deal with what the old authors called, a case of "empyema necessitatis," the pus "pointing" just below the right nipple. Free incision was made at this point, a rubber drainage tube was inserted and the patient went on to a rapid, uninterrupted recovery. This case was also, no doubt, a case of pneumococcus infection. The interesting feature of the case was the development of the empyema necessitatis, the pus pointing, as I said before, under the skin in the region of the nipple.

The third case was to me one of the most interesting cases of empyema that I have ever seen. In May, 1904, a gentleman appeared at my office looking exceedingly ill. I had heard through some of his friends that he was not feeling at all well, but was shocked almost beyond expression at the great change in his appearance, as I had always known him as a robust and vigorous man of about 40. He told me that he had been ill and off work for nearly four weeks, but had not experienced any pain nor been conscious of any sickness beyond a general feeling of lassitude, weariness and general unwellness, with, he thought, an occasional slight rise of fever.

I looked the patient over and decided

from his history and from the rise of temperature which he manifested in my office, viz., 101° F., with a pulse of 100, that he had probably gone through an attack of ambulant typhoid and was then convalescing from it. The man had no symptoms whatever, except the rise of temperature of which I have spoken, the rapid pulse, and great anæmia, and loss of flesh. I placed my ear upon his chest anteriorly and discovered nothing. The breathing was about what one would expect with a temperature of 101°. There was no history of a cough or a pain over any portion of the lung. I sent him home and to bed, but a few days afterwards he reappeared in my office and said he was feeling so much better that he had decided to go out. His temperature was gone, he had started to eat, and, as he said, was feeling like himself again.

A few days afterwards I was summoned to his house to find him again suffering from a slight fever and general malaise. I examined the man more carefully and to my chagrin found a well marked case of effusion over the lower portion of the left lung. I realized at once that I had to deal with one of those insidious cases of pleurisy, which we occasionally meet, where the premonitory symptoms are so vague and so uncertain. I knew also that no doubt he had this same pleurisy when he had first appeared at my office, and that I had failed to detect it owing to the absence of symptoms referable to the lung or pleura.

The patient was treated the way we treat any ordinary case of pleuritic effusion but failed to gain, and a couple of weeks afterwards I aspirated through the hypodermic needle and found pus in the pleural cavity. I succeeded with difficulty in securing from him permission to evacuate in a few days, but could not persuade him to submit to any immediate operation. The day following the aspiration by the needle, the nurse said to me on my daily visit; "Doctor, there has been quite a large discharge of pus from the rectum during the night, and I wish you would look and see what is the matter." I did look, and found that my empyema had burrowed itself from the pleural cavity down through the tissues of the side and back and had found its way out through the perirectal tissue. The pus was not discharging from the rectum as the nurse said, but from a fistulous opening slightly to the left of it. The patient felt better, his temperature was normal and his general condition was good. An examination of the diseased lung showed that air was commencing to enter freely where before it had been dull and airless.

Here was a pretty complication. What was to be the outcome? It was a complication that I had never heard of before, although I did know of cases where pleural effusion had simulated psoas abcess. I did not know whether to be encouraged over the evacuation of pus through this circuitous route, or to be discouraged over the new and unpleasant fistulous tract. A few days, however, showed me that I had reason for discouragement rather than encouragement, inasmuch as there was blocking of the fistulous opening by the rectum, and a filling up of the pleura again with the general symptoms of sepsis, which we expect in those cases.

It is unnecessary to go into the details of the treatment beyond saying that about a week afterwards we evacuated the pus through an incision in the side and found little there ,drainage evidently having taken place the night before through the rectal fistula. However, a drainage tube inserted in the wound commenced to discharge pus in 24 hours and has been discharging it ever since, now about five months.

A bacteriological examination of the pus showed again pneumococcus infec-

tion with some scattered staphylococci. The rectal fistula has since healed and the patient is able to get around out doors to a limited extent, but his general condition could not be called good, nor does he show evidences of very much improvement; his temperature being constantly about a half degree to one degree above the normal, and his general appearance that of decidedly poor health.

This case is of special interest on account of, first, the insidious nature of the attack (the man being sick about four weeks before he consulted any one or took any medicine, and being under my care about a week before the true nature of his trouble was discovered); and, second, the discharge of the pus through the fistula beside the rectum, which I believe to be a most unusual point of evacuation.

I presume we are all familiar with the unusual points of evacuation of pus from the pleural cavity, such as points in the lumbar region and those comparatively rare cases where the disease simulates psoas abcess, but so far as my own experience and reading go, I have been unable to learn of any case reported where the evacuation of the pus was in the perirectal tissue.

In regard to the bacteriology of empyema, the last word has not by any means been said. It would take me quite beyond the limits of my paper to go into this subject exhaustively. I will therefore content myself with saying that the thought of clinicians and pathologists has crystallized along this line about as follows:

Empyema with pneumococcus or staphylococcus infection is the mildest form that we meet, and is susceptible of cure in certain cases by aspiration or by simple incision; empyema with sterile pus is very apt to be tubercular and to portend an unfavorable outcome; while empyema with streptococcus infection is the gravest form that we meet and demands the most thorough treatment by evacuation, resection of a rib, free drainage and possibly lavage of the pleura.

I wish to add just one word—In my opinion, Bacelli's sign, and temperature readings are of little practical value in differentiating empyema from ordinary serous effusions of the pleura. Ocular demonstration of the character of the fluid, by withdrawal of a portion through the hypodermic needle is the one safe and infallible test.

970 Jefferson Avenue.

Dr. Albert Robin, of Paris, recently brought to the attention of the Academy of Medicine his researches in connection with what he terms "metallic ferments." These are produced from the electrical dissolution of gold and silver in water, the resultant material being administered in infinitesimal dosage to pneumonia patients. Hypodermic administration of a solution containing from 1-900th to 1-2,000th of a milligram of gold, silver or platinum is reported to have had a beneficial effect in thirteen out of fourteen cases of pneumonia so treated. The "ferments" are alleged to hasten and promote the natural favorable crisis of pneumonia. One or two injections are said to reduce the temperature markedly.

It is evident that residents of Ohio are greatly interested in the establishment of the proposed tuberculosis hospital in that state. Dr. C. O. Probst, secretary of the State Board of Health, has received sixty offers of sites for the institution.

That the agitation in the matter of preventing the spread of consumption has had substantial results is shown by the statement that the death-rate in the United States in 1890 was 19.6 in 1,000, in 1900 only 17.8 and 17.0 for 1903.

DETROIT MEDICAL JOURNAL

A MONTHLY EPITOME OF
PRACTICE AND THERAPEUTICS

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The Wayne County Defense League.

We are pleased to state that the Wayne County Medical Society has undertaken the medical defense of its members with a novel plan of organization which in our judgment is a distinct advance over any previous attempt in this direction.

The organization, called the Defense League, offers to every member of the Wayn County Medical Society the assistance of its officers and attorneys in a fighting defense against every suit or threat of suit for civil malpractice from the date of membership, during such time as the member continues to pay his annual dues to the League.

The officers of the League are elected by its members at the annual meeting of its sponsor, the Wayne County Medical Society, and much of its business is carried on by the Society to avoid unnecessary duplication of machinery, practically the only distinctive feature being its own Executive Board and its own bank account. Hence, every member of the Medical Society is entitled to this protection, who signs an application blank and pays his share of the expense of the League, except that a man engaged in criminal practice or addicted to the intemperate use of drugs or liquors is not eligible to membership.

In an endeavor to secure every eligible physician as a charter member, the League offers to defend from the start every action not actually threatened or pending, regardless of the time when the alleged cause of action arose, but to discourage the procrastinator from deferring membership until threatened, will not agree to bear the full expense of suits pending at date of application. In only one other respect does the constitution of the League hedge; i. e., it does not guarantee to defray the full expense of defense in actions begun in other courts than those of Wayne County. This is a wise provision to prevent possible bankruptcy during the first year, because while service would rarely be obtained on a physician outside of his own county, the expense of defending such a possible case would be greatly increased and should not be undertaken until the League has a working balance to its credit. After the League becomes established it is probable that its field can be broadened to include the members of adjacent county societies and safely undertake to defend its members in all courts. The dues have been fixed at five dollars for the first year, with authority vested in the Executive Board to call for an annual contribution from ten dollars down to nothing, according to the condition of the treasury.

The funds of the League are absolutely safeguarded by bonding the Secretary-Treasurer and requiring the approval of the Executive Board and the countersign of its chairman for all expenditures. There seems no doubt of the thorough feasability of this plan which is receiving as it merits, the hearty approval of the local profession and exciting much interest elsewhere.

It is the first attempt of the profession anywhere to protect itself on any adequate basis, all other projects having what appear to us very patent objections. The British Medical and the New York State Medical Associations, with the Chicago Medical Society constitute, so far as our information goes, the only medical organizations which have previously undertaken the problem of medical defense. They have set apart a portion of the annual dues for the purpose of undertaking such defense in the individual case as in the judgment of a committee existing for that purpose, the case merits. If the defendant has really been careless, negligent, or unskillful, whether actually blameworthy or not, and the case thereby is a difficult one to defend, it is at the option of this committee to decide whether any assistance at all shall be given the unfortunate doctor. Experience has shown that he, if thus deprived of the approval and support of his colleagues, is unable to make adequate defense in court, the prejudging of the committee being fatal to his case. This radical weakness which is due primarily to lack of funds, makes possible a situation which no man would care to confront in a threatened malpractice suit. Cases occasionally arise which although hard to defend are seldom lost, if the profession co-operate and aid in defense. A fatal error in diagnosis, a sponge or instrument in the abdominal cavity, or an unrecognized and untreated fracture, for example, gives rise to suits more difficult to defend than the ordinary blackmail and the unfortunate defendant in such a case should not be deprived of professional support because the medical organization in which he has trusted and to which he has contributed has not the funds to undertake an expensive legal fight. Quoting from the Bulletin of the Chicago Medical Society of December 3, 1904, "The Constitution provides that the Committee shall investigate the charges that are brought against a member and render assistance **in case the charge is ill founded or the amount of recompense that is asked is thought to be excessive. The facts having been obtained and the committee having decided to act,"** etc.

This quotation with others which might be made from letters at hand detailing the New York Association plan, prove clearly that there is no very definite agreement between the doctor who wants assistance and the committee who take his case under consideration. On the other hand the Wayne County plan is definite and after the organization becomes established, it will furnish a fighting defense to the highest court for every man entitled to its privileges. It expects to do this by reason of the fact that most threatened suits are blackmail and are never pressed against a strong organization with money and good legal talent at its command. For the occasional case which comes to trial there will be ample funds waiting for defense, provided the profession support the League as it merits.

The need of unity of action against this growing menace of blackmail threats is a live one in every community. While it is true that many men altogether escape and others are but rarely threatened the possibility is always present that trouble may come where least expected. We carry accident insurance to guard against the possibility, not probability of loss of income from disabling injury. We carry life insurance as a protection to our families against the unknown time when grim Death lays his hand upon the breadwinner. We should have some form of protection against the loss of time, money, and peace of mind which attend a suit for malpractice.

The members of the Wayne County Medical Society now have three options.

Option I. Trust to luck that God will

provide for their families when they are dead and avert famine, pestilence, accidents, and malpractice suits while they live.

Option II. Carry Defense Insurance in a commercial company with its expensive, evasive, non-retro-active contract, or

Option III. Co-operate with the other members of the society in building up a Defense Fund which belongs solely to the contributors and is instantly available in the "cause of liberty and the pursuit of happiness."

Except for the recent exploits of Dewey and Sampson and Schley, the American Navy has been a useless expense for many years but for the unanswerable argument it ever offered in favor of peace and the Monroe Doctrine. With an adequate fund once established in any county or state in this country, in the hands of the profession for defense against the medical blackmailer, one more disreputable pathogenic parasite will undergo extermination. For the bacillus of blackmail thrives only in the individual of weakened resistance, and seldom attacks a strong, healthy organization. One other feature of this co-operative defense plan worthy of mention is its probable effect upon the parent body—the Medical Society. The experience of other organizations doing this work has been that no other factor is more potent in building up the membership and developing kindly and fraternal feeling.

Self interest is a dominant factor in American life of today, and doctors are American and human. The Medical Society fails to appeal to some men who have neither specialties to boom, views to air or social instincts to nourish and in every large city many excellent practitioners stay outside of all lines of medical organization because from their misguided standpoint, "There is nothing in it." The appeal to self interest by this plan of medical defense will, we believe, materially influence many non-members to affiliate with the society which at last offers something that they need every day and can use in their business.

Detroit Clinics and the University of Michigan.

"At present we occupy only a secondary position; and no increase of the Faculty, no zeal which may actuate its members, and no labor that they can perform, will ever succeed in elevating it above its present grade, until *full* and *extended* Clinical Instruction be superadded to its cui riculum. But let the transfer to Detroit be made, where a rich College Medical and Surgical Clinic can be enjoyed, Hospitals be opened to candidates for the Doctor's degree, *one year's attendance upon which shall be a condition of graduation*, and the University of Michigan may realize in its Medical Department a character *second to none in the country.*"—(*Peninsular and Independent Medical Journal*, May, 1858).

The question of the use of Detroit clinics by the University of Michigan Medical School, has recently appeared in the newspapers in the form of a proposition to amalgamate the Detroit College of Medicine with the University Medical School.

The above quotation, written nearly fifty years ago by a professor in the University, shows that the question is not a new one. From that time until the present, at irregular intervals the question has been discussed. It may be interesting to note in this connection that the Medical Department of the University of Michigan did at one time conduct a clinic in Detroit.

In 1857 the regents of the University appointed Dr. Zina Pitcher, Professor of Obstetrics and Institutes of Medicine, to

investigate the question of a possible use by the University of the clinical material in Detroit, and to report to them. He was given a wide range of liberty in which to prosecute his inquiry. Dr. Pitcher assisted by Dr. A. B. Palmer, Professor of Materia Medica and Therapeutics and Diseases of Women and Children, conducted in the summer of 1857 a "Clinical Course" at St. Mary's Hospital. At that time attendance upon clinical instruction was not required for graduation from any medical college in the United States. Nine students in the Medical Department of the University, however, attended during the six weeks of this course. The experience of the summer formed the basis of Dr. Pitcher's report to the regents. He recommended that clinical instruction be given in Detroit during the long vacation of the University, at that time five months. He also recommended that attendance upon this clinical course be a requirement for graduation.

Dr. Pitcher's recommendations were not followed by the regents, one of whom introduced a motion that the whole Medical Department of the University be moved to Detroit. The Faculty at once became divided upon the question, much bitter feeling was evoked and much harm done to the University. It was finally settled in 1889 by the request of the regents for the resignation of those members of the Faculty who advocated the removal of the Department to Detroit. Since then, there has never been any considerable discussion over the question of removal of the whole Medical School.

The facts still remain, however, as was stated above so many years ago. The clinical material which is only to be obtained in a large city, is an essential part of the great Medical School. Detroit's proximity to Ann Arbor renders it a natural source of such supply to the University of Michigan. The University will never do its best for its medical students until increased clinical material is furnished to them; the State will have failed in its full duty to the University until it provides this Department with adequate clinical material. The people of the State will pay this debt by suffering more or less from inferior medical attendance until this want is remedied.

Whether or not the University is now in a position to take advantage of the clinical facilities of Detroit, and whether or not the medical authorities and hospitals of Detroit are in a situation to welcome the advent of the University, is a matter for the authorities, and not the newspapers, to decide. It remains true, however, that a question is never settled until it is settled right; and whether it is five years or whether it is fifty years, the *Journal* hopes some day to record that there will be but one medical school in the State and that its students shall have access to the clinical material which can be furnished in Detroit.

Statistics from Maryland show that members of the negro race are heavy sufferers from tuberculosis. In the United States as a whole, while 13.09 whites in every 10,000 die from tuberculosis every year, 24.97 negroes, or almost twice as many, succumb. In the state of Maryland the white race loses 21.75 in 10,000 and the negro race 38.86. The city of Baltimore furnishes the most startling figures. Here tuberculosis annually causes the death of 17.84 whites per 10,000 and 45.04 negroes.

Dr. H. M. Bracken, secretary of the Minnesota State Board of Health, alleges that there are 10,000 cases of tuberculosis in Minnesota that are not receiving proper attention. He recommends the organization of an anti-tuberculosis committee and the establishment of proper hospitals for the treatment of the malady.

EDITORIAL NOTES.

A reprint of an article representing an unusual amount of research and tabulation has been issued by Drs. Frank Buller and Casey A. Wood. The article in question was published by them in the Journal of the American Medical Association, covering the issues of October 1, 8, 15, 22 and 29, 1904, under the title of "Poisoning by Wood Alcohol." The paper, which takes up the matter of several series of cases of death and blindness from "Columbian Spirits" and other methylated preparations, was read at the fifty-fifth annual session of the American Medical Association in the section of ophthalmology. Fifty-four published cases of methyl alcohol are given, with ninety cases, hitherto unpublished, of blindness, or blindness followed by death, from drinking methyl alcohol, and eighty-two, formerly unpublished, of blindness from methyl alcohol absorbed by the lungs or skin, or both. The article is of great interest from its sociological, no less than its medical aspect.

Dr. Osler's successor, according to the Baltimore American, is likely to be two men instead of one. It is said now that Dr. Wm. H. Welch president of pathology of John Hopkins University will take the Chair of Internal Medicine in the University, and that Dr. Wm. S. Thayer will become professor of Clinical Medicine. Dr. Welch's successor in the Chair of pathology is said to be Dr. Wm. T. Councilman, now of Harvard University; it was admitted, however, by President Ramon of the John Hopkins University that the name of Lewllys F. Barker, of the University of Chicago, would undoubtedly be considered in the choice of Dr. Welch's successor.

A particularly simple game of "bunco" was recently put upon several physicians in New York state by a smooth individual who represented himself to be an agent for one of the old line insurance companies. His method was to approach a practitioner, tell him that the company wanted a medical examiner in his section of the country, and offer him the job. As an off-set, the physician was to pay $2.00 for an insurance policy, getting it at a "special rate." When the money was secured from as many physicians as possible, the swindler left town. The men who bit are still waiting for instructions from the home office of the company, and for their policies.

New York's health board is about to conduct a comprehensive study of pneumonia throughout the country. Experiment stations are to be established in Baltimore, Washington, Chicago, St. Louis, Kansas City, San Francisco, Buffalo, Helena, Minneapolis, Denver and twenty other larger cities, including Montreal. Expert observers will be detailed for the work, and the results of their findings will be forwarded to the laboratory of the board. Funds have been provided for the undertaking, which should yield much interesting material for study.

Two appointments have been announced by the Liverpool School of Tropical Medicine for two young McGill graduates, resident in Montreal. Dr. McConnell will go to the western coast of Africa, and Dr. Thomas to South America. Both will be engaged in the active study of tropical diseases.

In the publisher's department last month, we published a statement that the Tallquist Hemaglobin scale retailed for fifty cents. This should have read $1.50, and we cheerfully make the correction.

The issue of the *Medical News* for December 24 contains the following item of news: "The ceremony of laying of the corner stone of the new building for the Michigan College of Medicine and Surgery occurred on December 13. The edifice occupies a commanding site at the corner of the University Campus and is a worthy companion of its neighbors." This statement, added to the fact that the item is headed "New Medical Building at Ann Arbor," shows the power of the press. The *News* is able to move a building 38 miles, complete it while the corner stone is being laid, and affiliate an independent medical college with the State University. Wonderful! For the information of the *News* we volunteer the statement that the corner stone of the new building of the Michigan College of Medicine and Surgery was laid in Detroit, at the corner of Second avenue and Porter street, on the date mentioned, and that the building is still incomplete. Some mention of the ceremonies is published elsewhere in this issue.

Dr. Arthur J. Wolff, bacteriologist of the Hartford, Conn., Board of Health, has announced his belief that an antoxin for use in the treatment of cerebrospinal meningitis may be developed from the Klebs-Loeffler bacillus. His conclusion is based on observations made by him during recent epidemic of cerebrospinal meningitis in Hartford. Cultures obtained by spinal punctures were examined, and Dr. Wolff believed that in fourteen cases he succeeded in isolating the specific germ of the malady. He also noticed that while the epidemic of spotted fever was at its height no cases of diphtheria were reported. In several cases of the fever, microscopic examination failed to locate the Klebs-Loeffler bacillus. Dr. Wolff will pursue his investigations further.

Battle Creek, Mich., has been attracting a large amount of attention recently from the activity evidenced by her professional men in their campaign against the unlicensed practitioner of medicine in that city. An organization known as the Physicians' Business Association appointed a committee to investigate the conditions that had given rise to the existence of a large number of women who were dangerously ill from criminal operations, and as a result of the committee's work war was declared on the large number of unlicensed practitioners that infested Battle Creek. Warrants to the number of thirty-two were asked for and secured for the arrest of illegitimate medical workers and the majority of them have been committed in default of bail. It is estimated by the regular physicians that 300 criminal abortions were procuredd in Battle Creek within twelve months, and the trials of those arrested have in many cases given rise to startling developments. The results at Battle Creek show clearly what may be accomplished by intelligent co-operation on the part of the medical profession against unlicensed practitioners.

The Liverpool School of Tropical Medicine is about to send a second expedition to the region of the Amazon in South America, to pursue further investigations on the cause of yellow fever.

The City of Zurich, Switzerland, imposes a medical tax of 87 cents a head on the whole population above the age of sixteen, which creates an annual revenue of $100,000. This is divided among forty doctors who receive $2,500 each. In return for this salary they will be compelled to give medical attendance to all citizens of Zurich who may claim their services.

NEW INSTRUMENTS AND DEVICES.

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eights inches should be sent.

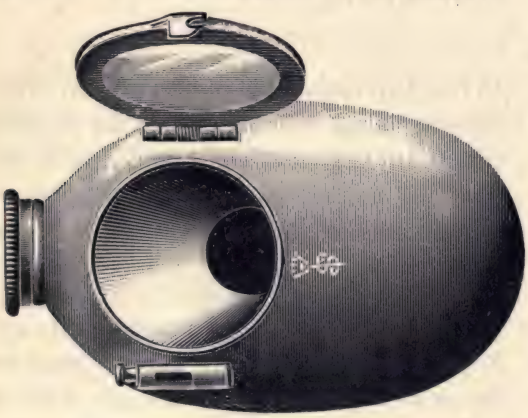
Always mention the price of the article in question.

The management cannot undertake to return cuts unless postage for same accompanies the letter with which they are sent.

To Our Readers—The Detroit Medical Journal publishes descriptions of such aids to the profession as it knows to be reliable and trustworthy. We shall be pleased to furnish information as to the articles mentioned, or the articles themselves, upon receipt of an inquiry.

Pocket Sputum Flasks.

With the present intelligent agitation in regard to a curtailment of the spread of tuberculosis, the presentation of these receptacles for sputum should be of interest. All physicians are agreed that the sputum of consumptives is a positive



menace to the health of those with whom they come in contact. Some effective and cleanly method of disposal must be had and the pocket flasks answer every purpose. They are so constructed as to be absolutely sanitary and are of such a size and shape that they may readily be concealed in a handkerchief while in use.

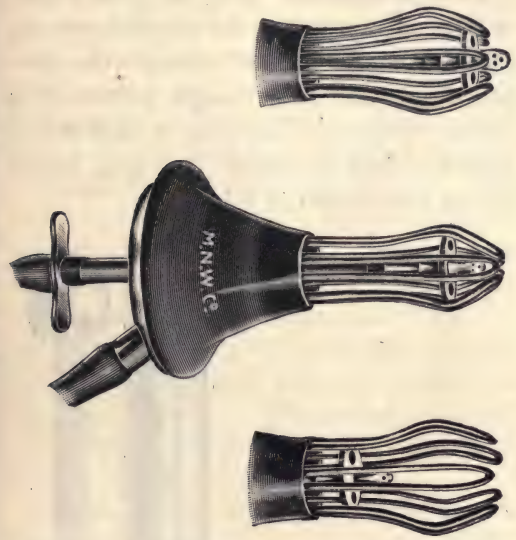
In one of these styles shown the flask is provided with a spring side opening and a funnel leading to the interior, and has a screw top for emptying and cleansing. This shape occupies little space in the pocket, is handsomely nickle-plated and not unsightly. It retails for $2.00.

The other is one of the most simple made. It is constructed of plain glass, with a screw-top cap and has a flushing cap at the bottom. It is easily cleaned and cheap, retailing for 35 cents.

Queen Bath Speculum.

This bath speculum, patented within the last few months, is possessed of numerous advantages for the work for which it is designed. Its manufacturers claim for it that it is the most sanitary, practical and effective instrument for the purpose of vaginal irrigation now upon the market. All its parts are readily accessible for the purpose of cleansing or sterilizing, and the whole speculum may be assembled within a few moments. It is constructed upon correct anatomical lines and of excellent material. Its make-up is such that it may be expanded at will in either direction and the soft rubber cone effectually prevents the escape of the fluid injected, except through the return flow tube into a receptacle placed to receive it. Its area of expansion is greatest at the point at which the organ most readily yields to pressure. The

folds of the vaginal vault are expanded and their surfaces exposed to the cleansing action of the fluid. The strength of

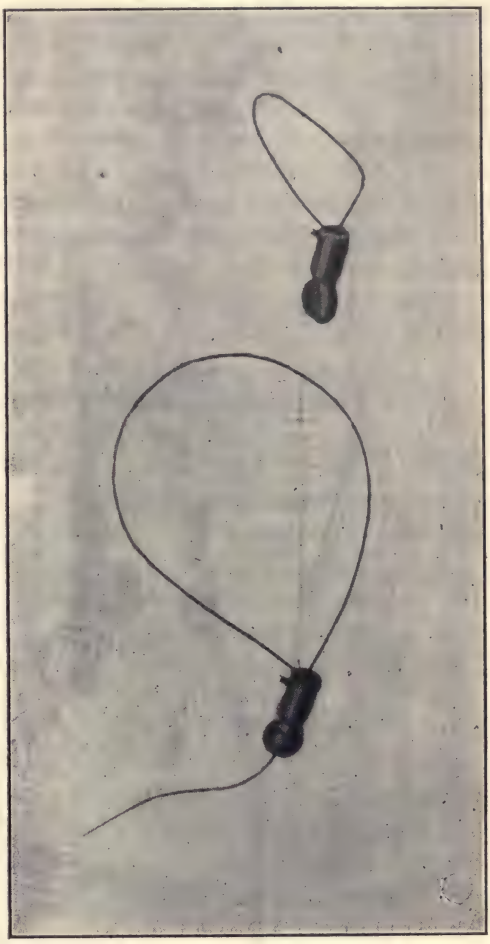


flow may be closely regulated by raising or lowering the container in which the fluid is held. It retails for 75 cents.

Longyear Lead Suture Fastener.

This simple and effective device for securing both ends of a suture without the necessity for a knot, was designed by Dr. H. W. Longyear. Its very simplicity is one of its strongest recommendations. It consists merely of a cylinder and head, with a perforation running through both. One end of the suture is secured to the edge of the fastener and after the stitch is taken the free end is passed through the cylinder and head, allowing the suture and fastener to act as a slip-knot. When the suture is tightened to the desired extent, the head of the fastener is crushed with forceps and the suture thus made secure. The free end of the suture is cut off flush with the head of the cylinder. When desired, the suture is easily released by cutting off the head of the cylinder, when the suture may be withdrawn.

The cut clearly indicates the method of securing the suture, which is but the work of a moment. The fasteners retail for the sum of 25 cents a dozen, which



makes them inexpensive as well as convenient.

Bowles' Flat-Iron Stethoscope.

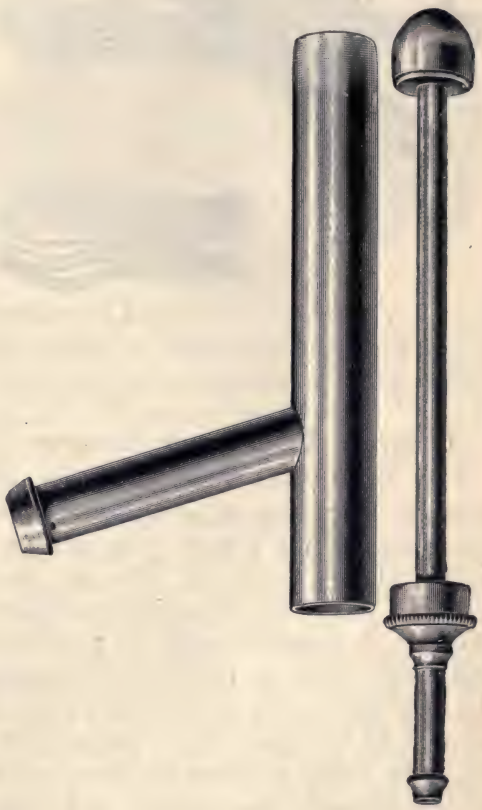
For many years past, physicians have been more or less familiar with the Bowles' Stethoscope, which has been made in two sizes, one for comparatively large areas, the latter for smaller spaces, as above the clavicle, the apices, intercostal, etc. For use in the latter conditions, the larger stethoscope is practically useless, on account of its size, and the smaller has not been found entirely satisfactory, either, owing to the fact that its vibratory surface was decreased.

To strike a happy medium that would meet more general requirements, the manufacturers have produced an instrument of the shape shown herewith, where the diaphragm is pear-shaped, or like a flat-iron. This style combines the maximum vibration of the larger style of the Bowles 'scope, while it has all the adaptability of the smaller shape. By means of this device, moreover, the volume of sound transmitted may be varied at will, according to the closeness of contact with the body.

The stethoscope retails for $4.50 net, and an extra combination hard rubber bell comes at 50 cents.

Combination Douche and Proctoscope.

Unusual simplicity and a wide range of application are characteristics of this device, which is quite new and ingenious. As shown, it consists of a speculum tube, from which another tube runs at an angle, and an obturator. The shank of the latter possesses a lumen. The introduction of the instrument into the rectum is usually simple and painless; the lumen of the obturator handle permits the escape of air, and avoids undesirable compression. The proctoscope portion is 4 inches long, and provides a sufficiently extended field of vision. The total length of the instrument is 8 inches.



In addition to its use as a proctoscope, the instrument may readily be used as a rectal irrigator. A fountain syringe may be quickly connected with the handle of the obturator, and the hollow handle of the proctoscope provides for the discharge of the fluids into a conveniently placed vessel. The instrument as a whole is superior to any bivalve instrument.

Its low price is another strong factor in its favor. It retails for $2.50 net.

On Tuesday, December 13 last, the corner stone of the new building for the Michigan College of Medicine and Surgery was laid with impressive and appropriate ceremonies. The new building will occupy a site at the southwest corner of Second and Porter, with a frontage of 50 feet on the Porter street side, running back 90 feet on Second avenue. The plans call for a building three stories in height, with a basement. Besides the janitor's department, the basement will contain rooms for experimental work. On the first floor will be the offices, a pathological museum and a large auditorium for mass meetings. The second floor will be devoted to lecture rooms and the third floor to laboratories.

The plans for the building were drawn according to the ideas gathered by Dr. Hal C. Wyman, dean of the faculty, in his travels throughout the world and they call for a building thoroughly adapted for the teaching of medicine. The building is to be in the Egyptian style of architecture, constructed of faced stone and pressed brick, and will be equipped in the most modern manner. The anatomical laboratory will be one of the finest in the state.

Fletcher E. Turrell, Grand Master of F. & A. M. in Michigan, laid the stone and brief addresses were made by Dr. Wyman, Dr. E. B. Smith and Dr. Dayton Parker. T banquet was given in the Russell House following the ceremonies, when the following symposium on "Professional Education" was given:

"Professional Education and the City," Mayor Wm. C. Maybury; "Professional Education and the Home," Rabbi Leo M. Franklin; "Professional Education and the Manufacturer," Joseph Helfman; "Professional Education and the Pulpit," Rev. Samuel S. Marquis; "Professional Education and the Press," James Schermerhorn; "Professional Education and Public Health," Guy L. Kiefer, M. D.; "Professional Education and the Priest," Rev. Fr. Robt. F. M. Doman; "Professional Education and the Teacher," Willard Chaney, M. D.; "Professional Education and the College Building," George G. Gordon, M. D.

It is hoped that the building will be ready for occupancy by February 1.

The sixteenth edition of the official register and directory of physicians and surgeons in the state of California has just been issued, and is an unusually complete and commendable piece of work. A directory of physicians and surgeons in Oregon and Washington and a directory of the California state Nurses' association are included in the book, which is published by the Medical Society of the State of California. The method of designating sections of the book by different tints of paper is an excellent idea and makes reference work easy.

Dr. W. J. McCann, of South Omaha, N. Y., is reported to have successfully treated a case of tetanus in a child by keeping the patient in the chill room of a brewery. The improvement is said to have been brought about in three days.

A school physician at Schoneburg, Germany has discovered that of the boys in the school 56.2 per cent. are regular drinkers of beer, and of the girls 48.7 per cent. We should be interested in knowing what ails the rest of them.

Among the prominent men who addressed the scientific congress at St. Louis was Maj. Ronald Ross, F. R. C. S., C. B., a noted authority on the mosquito theory of malaria.

A bill requiring the examination and registration of trained nurses has been introduced in the Louisiana legislature and is expected to pass.

PROGRESS OF MEDICAL SCIENCE

Branchial Cleft Cyst.

E. R. Russell (*Journal of Eye, Ear and Throat Diseases*, Sept.-Oct., '04), reports a case of this rarely seen condition, as follows:

Was called to see Mrs. B., age 28, at her home on the twelfth of April, 1903, confined to her bed by birth of infant on March twenty-second preceding. The patient complained of a very sore throat and chilly sensations. I found the left tonsil inflamed and crypt exuding cheesy matter. On introduction of finger into post-nasal space, I detected fluctuation. On opening this with septum knife, four or five drachms of very offensive pus escaped. Evucation of this pus gave great relief, and I have never since detected any odor about discharge. Thinking it was a retro-pharyngeal abscess of tonsilar origin, I injected hydrogen peroxide into cavity. This caused intense suffering and was not repeated. I resorted to use of alkaline applications and argyrol and kept cavity open eighteen days packing with gauze, then allowed it to close. In July 4th following, patient called at my office and I found abscess was reformed. Same treatment was applied and abscess was opened lower down. This was repeated four or five times, the abscess returning each time, the cavity being carefully kept open. General tonics and alteratives were used. This abscess was located to left of the median line, in the naso-pharyngeal space, and extended in three directions, viz.:—towards tonsil; under the skin towards occiput; and third, down and back towards the cervical vertebra, but there could be found no necrosed bone.

On April 14th, 1904, the patient was seen by Dr. Coakley, of New York, who on removing some of the tissue from the cavity for microscopical examination, decided it was branchial cleft cyst, which was concurred in by Drs. Dunham, Miles and Stewart, all of New York. They advised that it should be packed with iodoform gauze twice a week, in the hope of producing inflammatory reaction. From that date, I have packed the cavity with from eighteen to twenty-four in. of gauze one-half inches wide, twice a week.

My reason for reporting this singular case is that it is the only one on record of Branchial Cleft Cyst in this locality.

The patient is in the same condition now as she was when I first saw her, and I think that a permanent opening is the only means of giving relief, as the sac is too extensive to be dissected out.

Pathological Curiosity on a Vocal Cord.

Tanturri (*Archivii Italiani di Laringologia*, July, '04), abstracted in the *Journal of Eye, Ear and Throat Diseases*, Sept.-Oct., '04, reports the following case:

A case of syphilitic infiltration is described in which the right vocal cord was perforated about its middle. Under treatment the infiltration disappeared. One year later examination revealed no sign of syphilis except the perforation of the right cord which was visible only on phonation. The perforation was more or less oval with smooth edges and on quiet breathing could not be seen. The entire thickness of the cord was involved. So far as the writer knows, such a case has never been recorded in medical literature. The lesion causing the perforation was undoubtedly a central nodular gumma which ulcerated through the cord.

Pan-American Medical Congress.

By the time this issue reaches our readers, the Pan-American Medical Congress will have held its 1905 sessions at Panama. The value of such gatherings of men from all parts of the world has before now been demonstrated to be large, and there are many conditions which should make the Congress of 1905 an especially interesting one. The United States will furnish a large proportion of the representatives to this body, and inasmuch as Americans are vitally interested in the questions of sanitation at the Isthmus because of the activity of the national government at that point in connection with the construction of the canal, the profession and the public will alike be eager to get the best first-hand information possible.

In the steady and rational progress of the science of preventive medicine, the profession of the United States has borne an important part. Opportunities of a striking character have been ours and we have not shirked the responsibilities entailed by them. The excellent work done by the Americal medical men in Cuba and the other island possessions of the United States has been left a monument to the advanced thought and the modern work of American sanitarians. With the new possissions have come new problems of medicine, and these have been met and conquered with true American intelligence and vigor. It should not be hard to better the record for health made by the second republic in the unwholesome climate of Panama; but the profession may be relied upon to do more than the easy thing. We must establish American methods of sanitation and discipline as a standard for the world, and the opportunity is at hand.

Arrangements are pending for a first-hand report of the conditions at the Isthmus and we are hopeful that in the immediate future we may be able to present an article of more than general interest to our readers, along the line of the sanitary problems at Panama and how they are to be met and overcome.

Recent Views of Internal Secretions.

In an exceedingly interesting article in a recent number of the *New York Medical Journal*, Dr. Wm. H. Thomson, of New York, has given us an account of the present state of our knowledge of the ductless glands. He illustrates the difficulty of securing accurate information about the functions of these glands by comparing with them our knowledge concerning the kidneys. There is no common agreement among physiologists about the mechanism of the secretion by the kidney of a single element of the urine. There is no agreement whether the water itself comes from the kidney by simple filtration or according to certain laws of osmosis or by specific secretory activity. The most painstaking investigators about the best known of all salts, the sodium chloride, are not agreed how it gets into the urine, when confronted with the question why it does not in pneumonia or in typhoid fever. Why do some forms of kidney disease run a long course to death without a sign of dropsy at any time, while others are accompanied by universal anasarca? If these and many other questions in regard to the kidney, whose secretion we can obtain by the quart are still unsettled, how much less can we expect to have satisfactory knowledge of the function of these glands of whose secretions we never obtain even one drop in a pure state.

The Spleen.

Every animal experimented on including man himself seems to be able to get along very well without the spleen after it has been altogether removed. No extracts made out of its substance show properties of any special kind. The best we can say of this organ, which in fact

contains no proper gland tissue, is that it may serve as a sort of diverticulum in the course of the portal circulation.

Several of the ductless glands may properly be termed temporary glands, since while they discharge necessary functions at certain times of life, sooner or later, they waste away and become apparently functionless, leaving their owner in good health. Among these is the

Thymus.

Physiologically this gland seems to be intimately associated with the origin of the white corpuscles of the blood. There can be no doubt that the leucocytes play an important part in systemic nutrition. We are apt to regard the growth as so much addition to the growing tissue, but all processes of the kind consist as much apparently of removal and displacement, as addition. The tail of the tad-pole neither drops off nor sloughs off in the development of the growing frog, but as the time of change approaches, the tissues of the tail are crowded with leucocytes, to carry the components of the tail bit by bit back into the circulation, till nothing of it is left. As the body of a child develops and the adenoid tissues increase throughout the body, the thymus normally grows smaller. It seems probable that its function has been undertaken by the other adenoid tissues. Great atrophy of the thymus has recently been found in eighteen cases of so-called marasmus, in one of whom could the morbid condition be ascribed to improper food or to gastro-intestinal disease.

On the other hand, the commonest pathological condition of the thymus is hypertrophy. The chief clinical accompaniment of the state is sudden and unexpected death. Persistent thymus, status lymphaticus, and other terms, have been applied to this condition. Escherich maintains that thymus enlargement is but one evidence of a disordered constitutional state of what he terms a lymphatic, chlorotic nature.

It may be said that undue proliferation of cells is always a sign of deficient vitality; enlarged tonsils, postnasal adenoids and other common accompaniments of the lymphatic constitution are indices of true constitutional debility, one effect of which is lowered resistance to infections.

The Thyreoid.

Hale White and others have shown that as age advances, the thyreoid degenerates, just as the thymus does in early life, so that in old subjects the normal glandular structure can with difficulty be recognized. Recent work done on certain small bodies called the parathyreoids, has done much to correct our knowledge of the function of this gland. These small bodies are sometimes imbedded in the thyreoid tissue itself, somewhat as the islands of Langerhans are in the pancreas, so that they are removed along with the thyreoid when that is excised. It now appears that it is this fact which led to contradictory symptoms following thyreoidectomy. Experiments performed on animals with this fact in mind, have clearly indicated that the parathyreoid exercises an antitoxic function. It has been shown that there is a virulent poison, which acts upon the nervous system and which does not act in health, because of an antidote of some sort in the parathyreoid itself. It seems probable that this poison has its origin from food digestion in the gastro-intestinal tract.

Graves' Disease.

These facts have greatly upset the textbook theories about the pathology of Graves' disease. When the thyreoid itself is excised and the parathyreoids left, a myxoedematous condition with a characteristic cachexia is the result, the very opposite in its symptoms to Graves' disease. When the parathyreoids are excised, and the thyreoid left, severe nerv-

ous symptoms develop, very similar to those of Graves' disease. The question now is, then, how many of the characteristic symptoms of Graves' disease are due to a superabundance of thyreoid secretion, and how many of them are due rather to atrophy of the parathyreoids? It is important in this connection to note, that not only does the severity of the illness in Graves' disease bear no relationship to the size of the goitre, but many persons affected with Graves' disease, never show goitre nor exophthalmos. One posible relationship is that the hypertrophied thyreoid produces a pressure atrophy in the parathyreoids, and from their failure to functionate comes the Graves' disease. The internal secretion of the thyreoid seems to be intimately related to the nutrition of the connective tissue. This raises the question whether the thyreoid extract might not be beneficial in certain otherwise hopeless cases of gliomatous infiltration in nervous tissue.

Thomson regards the thyreoid as not the primary seat of Graves' disease, but that it is only secondarily involved, as is the spleen in ague. He believes that the toxin which causes the symptoms, is all of gastrointestinal origin, and that the treatment of this disease, should be carried out along the lines of diet and gastrointestinal antiseptics.

The Pituitary Gland.

has long been associated with that remarkable disease known as acromegaly. It seems probable, however, that in acromegaly we have a general derangement of the normal balance of the processes of nutrition which may or may not include among its effects the functions of one or more of the ductless glands. An illustration of this deragned balance is found by the castration of young animals, the subsequent development of the body being profoundly modified. Dreschfeld believes that disease of the pituitary body is a common accompaniment of acromegaly, probably secondary to the hypertrophy of the bony structure in which it is situated.

The Pancreas.

We now know that if the whole pancreas be excised, animals are at once seized with diabetes in its worst form. Even if carbohydrates are excluded from the food, glycosuria persists with nitrogenous increase in the urine, showing that the proteids of the tissues are being split up to form sugar. If only one-fourth or even one-fifth of the pancreas is left in the body, however, no diabetes occurs; and if the whole pancreas is excised, and a piece of it is engrafted under the skin or implanted in the peritoneal cavity, that also will suffice to prevent diabetes. It is evident, therefore, that the pancreas does a great deal besides its important part in intestinal digestion of the food. It seems that the islands of Langerhans add directly to the blood a substance which may prevent death from diabetes. This secretion, however, is totally unlike the gastric juice, for as the last-mentioned experiment would indicate, quantity is not an essential factor in this secretion. One fourth the normal quantity of gastric juice would no more suffice for full stomach digestion than a garden could flourish with one-fourth the water needed for its vegetables. Lately Cohnheim has shown that an enzyme is produced in muscles, which if alone, does not act upon sugar, but when mixed with secretion of the cells of Langerhans, becomes a very energetic solvent. This muscle ferment is so energetic when mixed with juice of the pancreas that Cohnheim regards it as quite sufficient to account for the whole process of sugar combustion in the human body under normal conditions. On the other hand, it must be admitted that lesions of the pancreas

do not account for all cases of diabetes, and one of the most aggravatingly occult questions for the internist today, is to determine in many cases before death from diabetes, whether the etiology is pancreatic or not.

The Suprarenals.

The active principle of the suprarenal bodies can be isolated in the form of a definite chemical whose properties can be investigated as readily as those of quinine. These properties are certainly very remarkable. One eighth-hundredth part of a grain of the suprarenal extract is capable of exciting universal arterial contraction in an adult. This substance acts directly upon the muscles, and the whole mechanism of muscle throughout the body, both striped and unstriped, depends for its healthy tone not only upon the healthy stream of efferent nervous energy but equally upon the presence in the blood of this singular substance. A patient is mentioned, under observation for nine years with all the systemic and cutaneous signs of Addison's disease, who has been enabled to continue his business while taking suprarenal extract, and who immediately feels the loss of it whenever he fails to take it. This remedy has a wide field of usefulness through its control of blood pressure.

But the most interesting experimental results with adrenalin concern the connection between a high tension pulse and Bright's disease. It has led to a reversal in the steps of the theory of the etiology of arterial degeneration. It is now thought that it is the high tension which causes the endarteritis rather than the opposite. It would now seem not an improbable surmise that the continued high tension of the pulse in many forms of nephritis is due to a persistent excess of adrenalin in the blood. This excess in turn, may be naturally supposed to be occasioned by stimulation of the adrenals by the inflammatory irritation of the kidneys. If this is so, it has great pathologic importance as the chief element in the causation of the cardiac and vascular complications of renal disease. The logical therapeutic conclusion is that when the sclerosis has not progressed too far, one should administer an efficient vasodilator. For this purpose, the author has used aconite in a considerable number of cases with the effect of increasing the amount of urea two, three and even four times. The renal symptoms in these cases also showed improvement, such as the disappearance of casts and of albumin and general rise in the excretion of solids. The most marked effect of aconite are in cases of contracted kidney; in parenchymatous nethritis, the effects are less appreciable.

Dr. Wm. Osler, of Johns Hopkins, has accepted the chair of medicine at Oxford University, as Regius Professor of Medicine, succeeding Sir John Burton Sanderson, his former teacher, but will remain at Johns Hopkins until the close of the present session.

The congratulations of the American professor are due Dr. Osler upon this merited honor. He stands almost on a plane by himself in this country as a writer, teacher and thinker and America loses one of its most pre-eminent medical gentlemen.

The American Medical Editors' Association has elected the following officers: President, Harold N. Moyer; first vice-president, James E. Pilcher; second vice-president, O. F. Ball; secretary and treasurer, Joseph MacDonald.

BOOK REVIEWS

Progressive Medicine. Vol. IV, December, 1904. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 374 Pages, 79 Illustrations. Per annum, in four Cloth-bound Volumes, $9.00; in paper binding, $6.00; carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

The December issue of this quarterly epitome of advance closes the year of 1904, and its text consists of a series of essays on Diseases of the Digestive and the Genito-Urinary tract, Surgery of the Extremities and a Practical Therapeutic Referendum. This text presents the essence of the year's work along these lines, carefully summed up and "boiled down" for the convenience of those members of the profession who are desirous of taking advantage of the large mass of literature on advances in medicine, but who are simply unable to read the tenth part of it as it is published in book and journal form. This process of condensation is necessary under the modern conditions of prolific writing along special medical lines, and the existence of this quarterly form comes as the response to an actual demand for something of the kind.

In the present issue, J. Dutton Steele has an incisive article on the progress made in observation of diseases of the digestive tract and allied organs, the liver, pancreas and peritoneum. Joseph C. Bloodgood writes of anæsthetics, fractures, dislocations, amputations, surgery of the extremities and orthopedics and his contribution is well illustrated and instructive. A brief communication on genito-urinary diseases is furnished by Wm. T. Belfield, who includes some comment on the abortive treatment of gonorrhœa, and John Rose Bradford treats of diseases of the kidney. Dr. Bradford furnishes some interesting reports on the progress of surgical treatment of renal disease and Dr. H. R. M. Landis, assistant editor of the series, writes some valuable observations on recent therapeutic discoveries and theories. The book as a whole is, as usual, well illustrated and handsomely published and contains in a reasonably small space a large amount of practical information along the most modern and recent lines.

Manual of Serum Diagnosis. By Dr. O. Rostoski, University of Wuerzburg. Authorized Translation by Dr. Charles Bolduan. First Edition. Pages 86. Price, Cloth, $1.00. John Wiley & Sons, Publishers, 43 & 45 E. 19th St., New York City.

By means of this careful and authoritative translation, Dr. Bolduan has put in the hands of the English-speaking members of the medical profession the text of Bostoski's monograph, published in the *Würzburger Abhandlungen* in 1903. This monograph has attracted wide attention as one of the best resumes of this subject which is attracting much interest and research at present. Several additions have been made to include some important work done in 1904, such as Ficker's Typhoid Diagnostic, the test with Formalin Typhoid Cultures, and Para-Dysentery.

Dr. Bolduan is well fitted for the ordinarily thankless task of translation, for he has had abundant experiences along the same lines before. The text takes up considerations of typhoid and paratyphoid, tuberculosis, agglutination in other diseases, the precipitins as diagnostic agents, Deutsch's haemolytic blood-test and Kraus's phenomenon. An appendix gives Wilson's study on the Gruber-Widal reaction.

A Compend of Medical Latin. Designed Expressly for the Training of Medical Students. By W. T. St. Clair, A. M., Professor of the Latin Language and Literature in the Male High School of Louisville, Ky.; Etc., Etc. Second Edition, Revised. Pages, 112. Price $1.00 net. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, Pa.

By an extremely direct empirical method, Prof. St. Clair tolls the student along the sometimes thorny path of Latinity. The course of instruction is didactic, but is should accomplish the results aimed at, and the student who reads carefully should be able at the expiration of his work to write prescriptions that would puzzle an unlettered pharmacist. Paradigms are furnished, with medical words in the forms, and from time to time short phrases are given, both in Latin and in English, for translation. As the book progresses, these phrases are replaced by sentences, and vocabularies, carefully selected with the idea of medicine always in mind, are furnished for the refreshment of the student's mentality. Something of etymology and of philology is presented and finally there are given a number of abbreviations. After these come a number of derivations, and finally the Latin conjugations are presented.

Prof. St. Clair must be congratulated on the directness and efficacy of his method. The student has presented before him in one small book the material that he needs for writing the most learned prescriptions.

Hare's Practical Therapeutics. A Text-Book of Practical Therapeutics; with Especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special Chapters by Drs. G. E. de Schweinitz, Edward Martin and Barton C. Hirst. New (10th) Edition, much enlarged, thoroughly revised and largely rewritten. Octavo, 908 Pages, with 113 Engravings and 4 full-page Colored Plates. Cloth, $4.00 net; leather, $5.00 net; half morocco, $5.50 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1904.

Hare's Practical Therapeutics is one of the best known books in the wide range of medical literature. It is beyond question the most widely used book of its kind, for ten editions and thirty printings have been necessary to supply the demand for it at the hands of the medical profession. With characteristic effort to produce the best possible, the present edition has been set up from entirely new type, and thus the confusion that sometimes arises in revisions of standard works from time to time has been avoided.

Constant effort has kept the work up to the high standard originally set for it. Constant revision has brought the subject matter in each edition down to the date of issue, and the present form may be said to be wholly comprehensive of the material which it aims to cover.

Owing to the popularity of the arrangement of the text in previous editions, the same plan has been followed here, and the man familiar with previous editions will have no difficulty in laying his hand on that which interests him for the time being. Where they will add to the force of the text, illustrations are liberally used, and altogether the tenth edition is a worthy successor of those standard forms which have preceded it.

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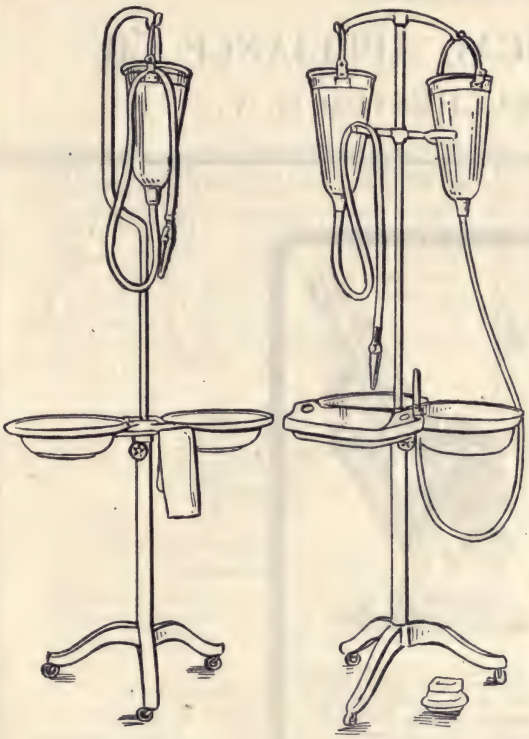

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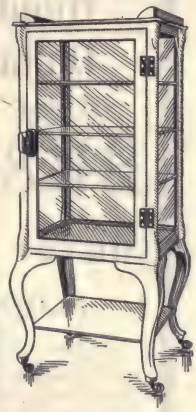

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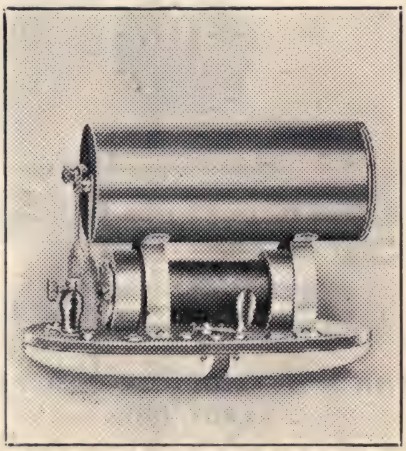

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Reliable in Constipation

Amongst the many abstruse problems medical practitioners have to solve, perhaps, one of the most difficult is the treatment of constipation, and this difficulty is growing into an ever increasing factor owing to the pressure of modern life. Looking at the subject from an aetiological aspect, the majority of cases no doubt arise from dietetic errors and the excessive use of alcohol, tea and opiates. In the constant hurry and bustle of everyday life, the daily meal is looked upon as something to be got over as quickly as possible. Consequently, bolting the food means improper mastication and improper mastication means only partial digestion and partial digestion means that much debris is left in the intestinal duct to ferment and form poisonous products which the blood readily absorbs and conveys to the tissues. So long as the absorption of this toxic material goes on, so long is the way being paved for the reception of disease, and a degeneration of the whole system is taking place. Nature does her best to correct irregularities, but there comes a time when Nature must be assisted. There are many remedies for constipation, but one which can always be relied on, and is suitable for both sexes of every age is Kutnow's Powder. It ensures that regularity which Nature requires, without producing any after ill-effects.

Twentieth Century Methods.

A prominent physician in lecturing recently on a case of senile pneumonia at the Philadelphia Hospital, said:

"Hot flaxseed poultices, well made so as to retain their heat for four hours, were kept about the thorax during the day and at night were replaced by a lamb's-wool jacket, for the better part of a week. It is important when poultices are used that they should be well made and should retain their heat for four hours, in order that the patient shall not be continually disturbed to change them. Fever patients need rest, not only sleep at night, but rest during the day. It is rarely wise to wake the patient, either for food, for medicine, for bath or for any other application. Save in exceptional instances, sleep will do more to favor recovery than the agent for whose sake it is interrupted."

The time was when the above statements would have received the hearty endorsement of all thoughtful medical men. But this is not the ox-cart, candle or horse-car age. We are living in the twentieth century. The old things must be laid aside. They are valuable only as antiques.

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Picture an individual with temperature 104 degrees to 105 degrees, pulse 120-140, resp. 40-70. If any one craves and absolutely needs rest and sleep it is such a patient. A linseed poultice affords a very poor means for the continuous application of moist heat, nothing more. It cannot be sufficiently well made to retain a temperature of value for more than a half hour. Antiphlogistine need not be changed oftener than once in 12 to 24 hours during which time a comparatively uniform temperature is maintained. Refreshing sleep is invited, and not hindered. It stimulates the cutaneous reflexes, causing a contraction of the deep-seated and coincidently a dilation of the superficial blood-vessels. At the same time it attracts or draws the blood to the surface—flushes the superficial capillaries—bleeds but saves the blood.

The circulation is thus favorably affected. The aggravating symptoms are almost immediately ameliorated. Congestion and pain are relieved, the temperature declines, blood pressure on the overworkd heart is reduced, the muscular and nervous systems are relaxed and refreshing sleep is invited.

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The Massachusetts Medical Journal recently published the following, which will no doubt be interesting to our readers:—

"We believe that members of the medical profession should familiarize themselves with the combination table of antikamnia and heroin. The first of these, antikamnia, years ago, established a prominent place for itself as a most reliable antipyretic, antineuralgic, and general pain reliever, while heroin is, by all odds, the most efficient of recent additions to our list of remedies. The advantages of this combination are fully illustrated by a report of cases submitted to us by Dr. Uriel S. Boone, Professor of Surgery and Pharmacology, College of Physicians and Surgeons, St. Louis. We reprint three of said cases, as each has some particular feature which successfully called into use in a most beneficial manner, the synergetic action of these two drugs.

"Case I. J. P. Athlete. Suffering from an acute cold. On examination found temperature 101 degrees with a cough and bronchial rales. Patient complained of pain induced by constant coughing. Prescribed antikamnia & heroin tablets, one every four hours. After taking six tablets, the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them and there has been no return of the cough or pain.

"Case II. Ed. H. Age 30. Family history—hereditary consumption. Hemorrhage from lungs eighteen months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on antikamnia & heroin tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

"Case III. Wm. S. Age 28. Lost 20 pounds in last 30 days. Consulted me July 9th. I thought he most certainly would fall victim to tuberculosis. Evening temperature 101 degrees with night-sweats and a very troublesome cough with lancinating pains. Prescribed 1-100 gr. atropine to relieve the excessive night-sweats and one antikamnia and heroin tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

"Neither in these, nor in any other of my cases, were any untoward after-effects evidenced, thus showing a new and distinctive snvergetic action and which cannot help being beneficial."

George Ade, the slangist, drops a hint to the young man who wishes to embark in the medical profession, giving him the same advice as that of Punch to the young man about to be married. Mr. Ade wraps it up like this:

Once there was a Young Man with a College Education, an assortment of Cravats and about $8 in Real Money, who was anxiously looking for his Life Work.

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"His idea of a dignified Snap was to sit in a small Office about three hours every Day and have the Public come in and pass Money to him. The Medical Game struck him as being about the softest proposition of all.

"He thought that all Doc had to do was to lead the Mark into the Chamber of Horrors where they have the Skulls and the Butcher Knives, look him over, ask a few questions, tell him to stop Smoking and then tap him for a V.

"So the Hopeful Graduate went to the old Family Physician for a few Tips.

"The Antique Medicine Man threw a Back Twister when he heard of the Boy's Intentions.

"'Any one who tackles the Æsculapian Stunt is a vitrified Mutt,' said His Whiskers. 'If you must earn your Living, be a Porch Climber or a Short-Change Man. We now have in this country four Medical Degrees to every case of Tonsilitis. Most of us are kept so close to the Carpet that we have to buy last year's Magazines to put in the Waiting Room. If a Patient dies all of his Friends say that you helped to push him off, so they undermine your Practice and begin to plug for Christian Science. If he gets well he gives you the Laugh, and you have to go after him with a Constable. If you acquire a Reputation they work the Night-Bell on you, and if you arrange a Dinner Party it's a Cinch that some Old Lady three miles away will ring in an Epileptic Fit and crab your whole Evening. Nix the Materia Medica! Turn back before it is too late.'"

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OF THE

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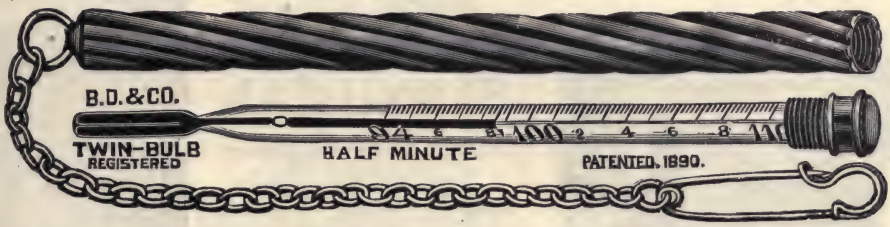

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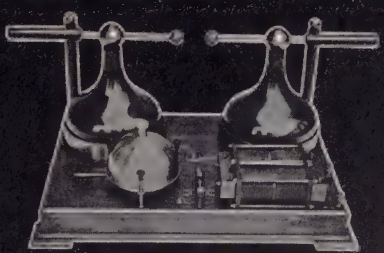

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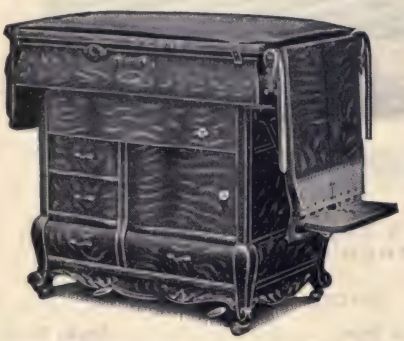

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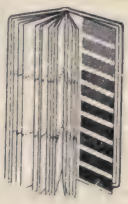

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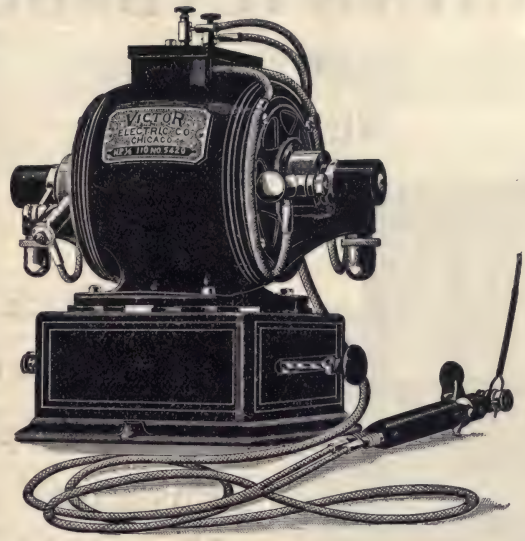

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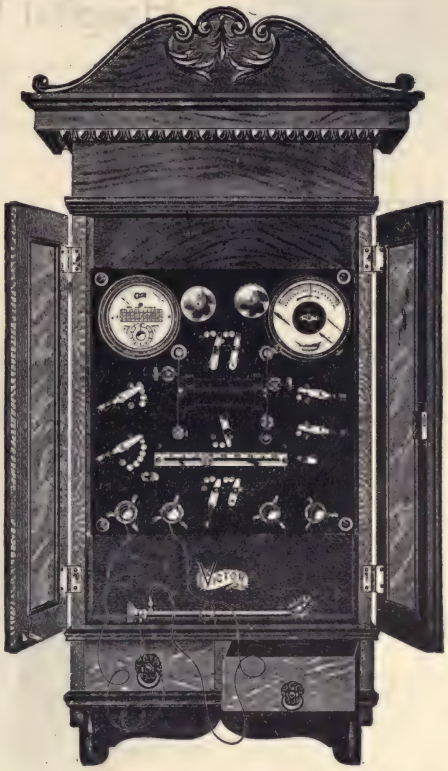

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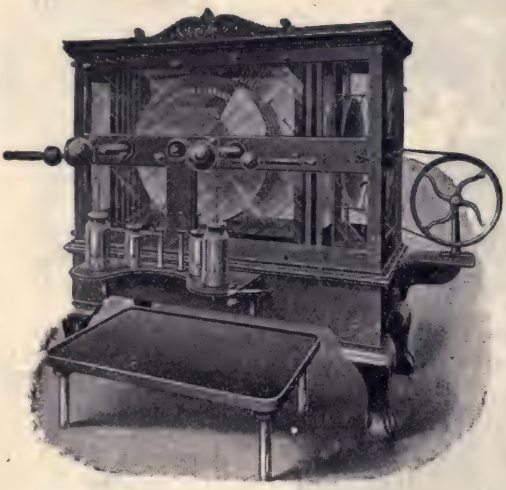

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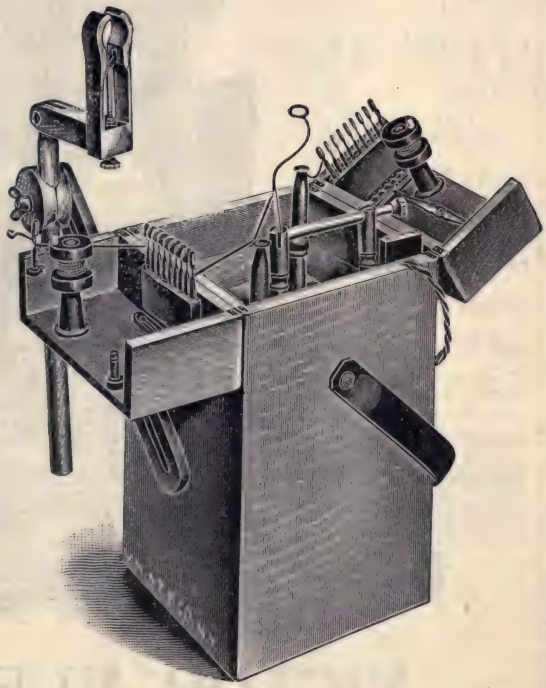

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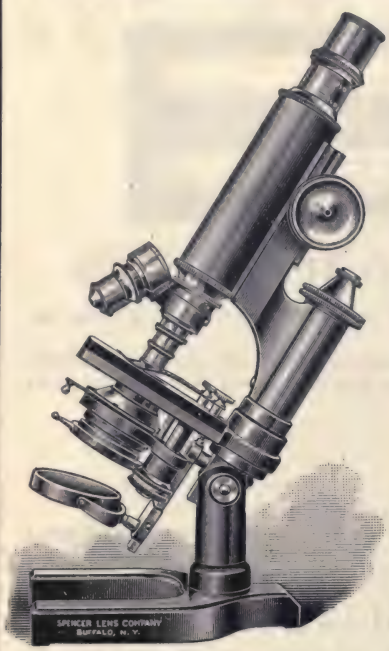

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